

725
CENTRAL CRIMINAL COURT.

THE QUEEN

AGAINST

THOMAS SMETHURST.

Monday, August 15th, 1859, and following days.

MINUTES OF EVIDENCE,

PRINTED FROM THE SHORTHAND NOTES

OF

MESSRS. BARNETT AND BUCKLER,

Short-hand Writers to the Court,

89, CHANCERY LANE.

SECOND EDITION.

LONDON :

BUTTERWORTHS, 7, FLEET STREET,

LAW PUBLISHERS TO THE QUEEN'S MOST EXCELLENT MAJESTY.

1859.



AUGUST 15, 1859, AND FOLLOWING DAYS.

Before Lord Chief Baron Pollock and the First Jury.

785. THOMAS SMETHURST (48), was indicted for the wilful murder of Isabella Bankes; he was also charged upon the Coroner's Inquisition with the like offence.

MR. SERJEANT BALLANTINE, *with* MESSRS. BODKIN, CLERK, and MERRE-WEATHER, *conducted the Prosecution.*

MARY SMITH. I am the wife of Joseph Smith, of Rifle-terrace, Bayswater—I keep a boarding-house there—the deceased lady, Miss Isabella Bankes, became an inmate of that boarding-house on the 20th September last year—the prisoner and his wife were inmates there at that time, and had been so for some time, at different times; the last time for about five months—Mrs. Smethurst was, I should think, twenty years older than the prisoner—after Miss Bankes became an inmate of my house I noticed some familiarities that I thought were improper between the prisoner and her—in consequence of that I desired Miss Bankes to leave my house—I heard her tell the prisoner that I had given her notice—I told him why; he said he was very sorry that I had pained her mind, that if I had named it to him he would have taken care I should not have been annoyed—I still persisted in my desire that she should leave the house; and the prisoner said that he should go away himself—Miss Bankes left my house on 29th November, the prisoner left on 12th December—he said he was going to visit a friend, he did not say where he was going—he left his wife behind him in the house—after he had left he returned to his wife, I am not certain how soon after, but I should think about a fortnight—I don't think he stayed any time; he slept there once, but I was not aware of it until afterwards—he came several times.

Cross-examined by MR. SERJEANT PARRY (*with* MR. GIFFARD.) *Q.* How long had Miss Bankes lived with you? *A.* About ten weeks, I think—Mr. and Mrs. Smethurst came the last time in May, and left in December—I thought Miss Bankes very delicate—I did not remark whether she suffered frequently from a complaint of the bowels, she did from bile—she was twice sick in my house—I do not remember more than that—she complained of a nausea whenever she attempted to take food—twice when sitting by my side at dinner she was compelled to get up and leave the table on account of sickness—I considered her very delicate, her appetite being very bad—she appeared unable to eat her substantial meals, she took very little indeed—she complained to me of nausea and sickness; she told me she never could ride in an omnibus or carriage without being sick; she complained of being very bilious—the old lady, Mrs. Smethurst, was unwell at times while Dr. Smethurst was there; he always attended upon her, he took up her luncheon to her almost every day—Miss Bankes was perfectly aware that Dr. Smethurst was married to this old lady, and that they lived as husband and wife.

COURT. *Q.* I suppose no one could be at the house and at the table without knowing that they passed as man and wife? *A.* No one doubted it for a moment, I believe.

MR. SERJEANT PARRY. *Q.* In fact, you gave her notice to leave, did not you? *A.* I did, on account of what I observed—when Mr. Smethurst left he made an arrangement to pay me a sum of money on the 11th and 26th of each month, that was for the board and lodging of Mrs. Smethurst; she is an old lady, quite 70—I believe she is as much as 73 or 74.

MR. BODKIN. *Q.* When was it that he made the arrangement about paying for his wife? *A.* I think it was a few days before he left my house, after Miss Bankes had gone—the arrangement was that he should pay so much for his wife—nothing was said about the doctor returning, on either side, in any way whatever—he was to pay 25s. a week for his wife—he had paid more than that before.

MARIAN GRABOUSKA. I am the wife of Morris Grabouska, and reside at 37, Kildare-terrace, Bayswater. On 29th November last Miss Isabella Bankes came to lodge at my house—she came by herself—she remained with me up to 9th December—when she left me she told me where she was going—the prisoner never came to see her while she was with me—no medical man attended her while she was at my house—she used to go out walking every day, sometimes for one hour and sometimes longer—she took her meals at my table—I never saw her after she left on 9th December.

Cross-examined by MR. SERJEANT PARRY. Q. I do not understand you to say that you went out walking with her? *A.* No—she went out from my house, and came back again; that is all I know—whether she walked or rode, I do not know; or where she went—when she left me on 9th December she said she was going to Clifton, for the benefit of her health—she did not mention any person whom she was going to see there—she appeared to be very fragile; that was my observation of her—she did not make any complaint to me; her observation when leaving me was that her health was so bad that she required change of air, and she was going to Clifton to see if she could get health.

JAMES SPRICE. I am the parish-clerk of Battersea—I produce the register of marriages at the parish church there—on the 9th of December, 1858, there is an entry of a marriage between Thomas Smethurst and Isabella Bankes—I was a witness to the marriage—the prisoner is the man who was so married.

WILLIAM EASTER. I am clerk of St. Mark's church, Kennington—I have before me the register of marriages celebrated in the year 1828 at that church—a person of the name of Thomas Smethurst is entered here as having been married in that year—a person of the name of Thomas Boardman was, I believe, the parish-clerk at that time; he has been dead some years—the parish-clerk is a witness to the marriage here—I only know his handwriting from seeing it many times in this book—I never saw him write—I have seen it to documents many times—this signature, in my opinion, is in his handwriting—Boo, the clergyman, who appears by this entry to have officiated, is also dead.

COURT. *Q.* What is the date of that? *A.* The 10th March.

ALEXANDER McCROSTY. I am a clerk in the London and Westminster Bank—the prisoner has an account there—I believe the signature in this book of marriages to be in his handwriting—I have not the books of the bank here—(*register read* “*Marriage solemnized in the district parish of St. Mark's, Kennington, in the county of (blank), 1828. Thomas Smethurst, of this parish district, and Mary Durham, of this parish district, were married in this church by license, with consent of (blank), this 10th day of March, 1828, by me, William Otter. This marriage was solemnized between us, Thomas Smethurst, Mary Durham, in the presence of Thomas Boardman*”).

ANN ROBERTSON. I am a widow, living at 6, Old Palace Terrace, Richmond-green—the prisoner came on the 4th February to lodge at my house—he brought a lady with him, who passed as his wife—he had not been before that time alone to make arrangements about taking the rooms—she

came with him—he had not been with me before that—they came together—the rooms had been taken a few days before they came, on the 4th of February, he and his wife came together to take them—they occupied a parlour on the ground floor and a bedroom adjoining it—they left the house on the 15th of April—the cause of their leaving was because I raised the rent 5s. a-week, and he said he could not afford to pay it—I had a lady occupying my drawing-room apartments—when they came to my house, the lady appeared to be quite well ; she was in the habit of going out for two or three hours together ; she went with the prisoner on those occasions—after she had been there some time she became poorly—she showed signs of illness about three weeks, or it might be a few days more, before she left ; I can't exactly say—the illness that she laboured under was diarrhœa and sickness—the prisoner spoke to me about that, and told me what her ailment was—he said it was a bilious attack—she laboured under that illness from the time she was first taken until she left—the sickness and diarrhœa continued all that time—the prisoner made a suggestion to me about calling in a medical man ; that was about a fortnight before she left—he said he was not satisfied with her, and he thought he should call in Mr. Hills, as he was the nearest—Mr. Hills is a medical man living near us ; I said, “If you call in any one, call in Dr. Julius,” and he was quite agreeable—Dr. Julius was then sent for, and he continued to attend her during the whole time they remained lodging in my house—the sickness and diarrhœa did not abate at all—I have seen her vomiting many times in the day—I spoke to the prisoner about it, seeing that it continued so long, I said I wondered it could not be stopped, and he said she was a very bilious person, and there was some more bile to come—it was after Dr. Julius came that he said that ; I can't say exactly how long after, perhaps it might be a few days or a week—I noticed myself what the colour of what she brought up from her stomach was ; it was a yellowish green ; that was always the colour that I saw—in the way of nourishment she used to take arrow-root and sometimes beef-tea, and sometimes food made with corn flour—Dr. Smethurst gave her these things—I cannot say what was the effect of her taking them, because I was not in the room—I know he gave them to her, because there was no one else to give them—I prepared them—what I made I took into the parlour and gave them to him—the parlour communicates with the bedroom—I can't recollect whether I have given her any of these things at any time ; I might have given her something when he was in London ; I think I have done so—when he went to London he used to go in the morning, and return in the evening, at 6 or 7 o'clock perhaps ; he did that several times—I do not remember whether she was sick when I gave her these things in his absence ; I did not remain with her—she always had a basin by her side—I did not remain with her while she took what I carried to her—it was put by her side, and she took it when she liked—perhaps I went into the room afterwards, before he returned from town, to see how she was—there was always vomit in the basin—Dr. Julius sent medicine from time to time—sometimes I took it in, and sometimes my daughter—I and my daughter were the only persons to attend to anything of that kind in the house—the medicine was placed in the parlour and put on the table there.

Cross-examined by MR. SERJEANT PARRY. Q. What rent did Mr. Smethurst pay ? *A.* 18s. a week—the sole ground for his leaving me was because I asked 5s. a week more ; I asked him 25s., that was 7s. extra—I really can't say how often he was up in London while he was with me, but several times ; perhaps he went to town once a week, and the last week I think he went

once or twice, that was the last week he was with me, when the lady was very ill; he was absent for a whole day together—while he was away, Dr. Julius saw the lady—Mr. Bird never came to our house, only Dr. Julius—my daughter waited chiefly on Mr. and Mrs. Smethurst; while they were with me they generally dined in the sitting-room—she had not her meals in bed—I believe I have noticed beef-tea and arrow-root, and preparations of that kind partly eaten, which I have removed and taken away.

COURT. Q. You believe she took some of those things occasionally?
A. Yes.

MR. SERJEANT PARRY. Q. And you removed the remains, you and your daughter? A. Yes—my daughter is here—she was not here before; she was directed to come—I made the bed myself; I always made the bed—I removed and emptied the slops—I did everything myself, my daughter never did the bedrooms—the bedroom was used by Mrs. Smethurst—I removed the evacuations and emptied them, always; during the time I noticed the vomiting I noticed the evacuations; they were completely like coloured water, nothing more—I noticed the vomits; I noticed that they were green and yellow—whatever was left of the beef-tea, arrow-root, or other things, was washed away; it was never used in any way—the deceased did not get up in the morning to breakfast for the last fortnight or more—I used to hear her retching early in the morning; that was before she got up—I have not seen her moving about the room at times when she has been sick; she used to come from her bedroom and lay down on the sofa—I have observed that when she has got up to move about that she has been sick—I used to think as soon as she began to move that brought on the sickness, and she said so herself; I noticed that every day when she got up—I remember Dr. Smethurst suffering from the toothache while he was there—he complained for some days of a very sharp and severe attack of toothache—he went up to town to consult a dentist.

COURT. Q. When was that? how long before they left? A. I should think a month.

MR. SERJEANT PARRY. Q. As far back as that? A. I believe so—I do not remember, after he returned, noticing any wine bottle or wine bottles, either on the hob or the shelf—there is a cupboard in the parlour, and everything was put in there—I never fetched any ice while they were with me—I have no recollection about the bottles—I remember your asking me the same question upon the last trial, and I answer now as I did then, I have no recollection—she used to complain to me of a want of appetite; she used to say she could not eat anything; she was very anxious to get well—she first complained to me that she could not eat, during the time of her illness.

MR. SERJEANT BALLANTINE. Q. Was there a key to this cupboard? A. Yes; Dr. Smethurst kept it—she lived principally on what one would call slops, if she took anything—I believe that was from the time she began to be ill—I was not in the room at dinner-time or breakfast-time, so I could not see what she took; up to the time of her becoming ill she had lived in the ordinary way, on ordinary food, and then after that these slops—I brought them up and put them into the parlour—I never gave them to her myself when he was at home—I did not offer to do so; I left them in the parlour, and he, I suppose, gave it—I believe she got up every day; she went into the parlour—the morning she left, my daughter gave her a poached egg in bed, and she quite enjoyed it—Dr. Julius ordered her a poached egg—I was not present; my daughter took it to her—the prisoner was at home at that time; he was in the parlour, I believe.

ELIZABETH ANN ROBERTSON. I live with my mother at Richmond—in February last Mrs. Smethurst and the prisoner came to my mother's house—I used to wait on them; when anything was brought to the door for Mrs. Smethurst I used always to take it in, if my mother was not there—medicine used to come sometimes from Dr. Julius—if I took it in I placed it on the dining-room table—after Mrs. Smethurst became ill she had her breakfast in the bedroom, I think before she got up—I took her breakfast into the dining-room, and placed it on the table—after she had had her breakfast the things were generally brought into the dining-room; I think by Dr. Smethurst—they were taken from the parlour, where I left them, into the bedroom—I took them down afterwards—after she became ill she generally took tea for breakfast of a morning, when she could take it—the tea was not poured out before it was taken up—I took up the kettle—the bedroom was on the same floor—in the course of the day I used to take the arrow-root into the dining-room—sometimes Mrs. Smethurst was there, and sometimes in her bedroom; sometimes she was in bed, sometimes sitting up—I used not to leave the food in the dining-room—I recollect taking an egg to Mrs. Smethurst on the morning on which she left; I gave it to her; she ate it, and said she enjoyed it very much—I saw that she was sick some time after she had eaten the egg—it may have been two hours perhaps—I had not taken anything to her room in the meantime, after the egg and before she was sick.

Cross-examined by Mr. SERGEANT PARRY. Q. You say Dr. Smethurst used to take the breakfast in, did they appear to live on kind and affectionate terms? A. Yes; very much so; that was my observation and that of my mother—he appeared to be particularly kind and attentive to her during her illness—I can't say I remember Dr. Smethurst being absent three days running; but I remember his having been to London repeatedly—when he went to London Mrs. Smethurst dined in the dining-room by herself—I have attended on her; I mostly attended upon her—I can't say that I remember, just after she came there, her returning home from a walk very much exhausted—I remember quite well a chair being put outside for her to sit upon one evening, because she was so tired that she was unable to come into the house without rest—I don't remember whether that was shortly after they came, but I recollect the evening quite well.

COURT. Q. Was that before or after she was ill? A. I think it was after she was ill.

MR. SERJEANT PARRY. Q. My question was, whether it was not early after she came there; are you quite sure about that? A. I cannot be quite certain on that point; it was after she was taken ill, after the symptoms of diarrhœa—she had been out for a walk with Mr. Smethurst; I cannot remember how long she had been out—I remember Dr. Smethurst going up to town about his teeth—I am not quite sure whether that was before or after Mrs. Smethurst was ill—I remember his complaint about his teeth—there was a grate in the bedroom, but it was covered over—I cannot remember after he returned seeing a wine-bottle in any part of the bedroom—they drank wine for a short time after they came; no brandy was fetched at any time, that I know of—I have noticed Mrs. Smethurst vomiting; I can't say that I have noticed it without her having taken food; my mother only attended to the bedroom—I have heard her vomiting early in the morning—I have repeatedly seen her vomiting during Mr. Smethurst's absence from Richmond—I think the vomiting appeared to continue whether he was absent or present; it was continuous.

SUSANNAH ANGELINA WHEATLEY. I am the wife of Thomas Wheatley, and live at 10, Alma-villas, Richmond; I was living there in the month of April last—I let lodgings—I recollect the prisoner, Dr. Smethurst, engaging lodgings at my house on the 15th April; he came on that day with a lady he called Mrs. Smethurst—they came in a cab; they engaged two rooms, a sitting-room on the ground floor, and a bedroom over that; those were the only lodgings I had to let in the house—Mrs. Smethurst appeared to be in a very delicate state of health at that time; she was hardly able to walk; she went to bed very soon after she got up stairs—from the time she remained in our house till her death, she came down into the sitting-room about four times, in the way of having her bed made, and to purify the room—as soon as she came to me, Dr. Julius or Mr. Bird attended her every day—after she had been with me a day or two, Dr. Bird came in place of Dr. Julius—I used not to wait on her; Dr. Smethurst waited on her—I prepared her food down stairs; then I either took it to the dining-room, to Dr. Smethurst, or sometimes I have taken it to the bedroom-door; once or twice—when the food had been taken, Dr. Smethurst generally put the things outside the door, on a box in the passage—medicine was brought from the surgery of Dr. Julius for Mrs. Smethurst to take; when I took it in, I either took it into the dining-room to Dr. Smethurst, or to the bedroom-door, and he took it from me there—when there were any evacuations to throw away I took them from the landing—Dr. Smethurst placed them outside on the landing himself.

COURT. Q. You never took anything of that sort out of the bedroom? A. No.

MR. CLERK. Q. Was there a slop-pail on the landing? A. No; they were generally left in a pan or a chamber on the landing; I then removed them, and took them down stairs myself—there were three chambers and a pan in the bedroom Mrs. Smethurst occupied, and two basins also.

Q. When the pan or the chamber were placed outside on the landing do you recollect whether different things were poured into the pan together, or whether you had the evacuation there by itself? A. It appeared altogether, sometimes quite full.

COURT. Q. That is, all the slops of every kind appeared to be altogether in the same vessel? A. Yes; and sometimes that was full.

MR. CLERK. Q. Do you remember, during the time that she was ill in your house, saying anything about a nurse attending her? A. Dr. Smethurst said he could not afford a nurse; I asked him if I might sit up at night, that he might get a little rest—he said “No,” he thanked me, I had my work to do in the day; he would not disturb my rest; he then said he could not afford a nurse, he would rather attend on Mrs. Smethurst himself, no one could do so well as himself for her—I had not mentioned anything to him about a nurse—I had not heard Dr. Julius say anything to him about a nurse before this—I recollect on one occasion Dr. Julius coming while the prisoner was away from home, and taking a motion—Dr. Julius brought it to me—I do not know where it was when Dr. Julius went up stairs—I do not remember when this was—I believe it was three or four days before her death—Dr. Julius took it away with him—I recollect Dr. Todd coming from London to see Mrs. Smethurst—I had on that day kept an evacuation of the deceased all day, in order that Dr. Todd might see it; that was by the prisoner’s direction—I threw it away a short time before Dr. Todd arrived, in consequence of the lateness of the night—I did not always take the food to the bedroom; Dr. Smethurst fetched it very often from the door

Q. When the things were brought out of the bedroom, or when you took them down stairs, was any part of the food that you had taken up remaining in the cup? *A.* I do not remember it, only on one occasion; that was some stewed rice that was turned sour—Dr. Smethurst asked me to throw it away, it was turned sour; and I did so—I do not remember any food remaining in the cup on any other occasion—the room was never thoroughly cleaned out—there was an old-fashioned secretary on the landing—there were two keys to it—Dr. Smethurst had the key—it was kept locked—I never saw the inside of it after that—I do not know what was put inside.

A JUROR. *Q.* Do I understand you that there were two keys? *A.* Yes; one for the drawers at the bottom, and one for the top—Dr. Smethurst had both.

MR. CLERK. *Q.* Did you observe anything of the colour of any vomit that was taken down stairs in the different pans or basins? *A.* No; I could not see the colour of it, because it was always mixed together—the evacuations looked a very bad colour—I saw blood in them—that was not the last week, but the week before she died—I did not observe any for the last few days.

Cross-examined by MR. SERJEANT PARRY. *Q.* I believe they lived on the very best of terms while they were there with you? *A.* They appeared to be very happy, both he and she—he was always very kind—my judgment was that he behaved with great kindness, attention, and affection—there was no other room in my house to let, except the two they occupied—they paid 15s. a-week—the bedroom is a small room with only one window—the door was frequently open; I could not say that it was open day and night, but it was very often open; it was open day and night at times; it was frequently open—my bedroom door was directly opposite their room—the secretary was a piece of furniture belonging to me—Dr. Smethurst asked me for the use of it after they came, and I took my things out of it, and gave him leave—I did not know of any brandy being kept there; I did not know at all what was in it—Dr. Smethurst asked me to get him a bottle to make up some bottles to send, but I did not know what it was for; it was a wine-bottle—after that a hamper came down, Dr. Smethurst took it, gave it to the man, and took it from the man's hands again, packed it and unpacked it—I did not see it, I only saw the bottle I gave him—I do not know of any brandy coming down on the Friday or Saturday before Mrs. Smethurst died—a small quantity of ice was bought—two-pennyworth—that was all I know of—I do not mean two-pennyworth at a time, only once; it was put to ice some water for Mrs. Smethurst to drink—I have never stated that ice was used by Dr. Smethurst; I can only say there was one two-pennyworth of ice got; that was all to my knowledge—all Dr. Smethurst's things were kept outside the door—he was not in the habit of going out into the town every morning—he has gone out; not every morning—he has gone out once or twice to order things; he generally ordered what he had, not I—I don't know whether he must have gone more than once or twice—he said he was going to the post—I could not say how far he went, or whether he went beyond the post—I prepared the beef-tea or arrowroot, or whatever was taken—I prepared Dr. Smethurst's dinner—he ordered the things for his dinner—he went out for that purpose.

JURY. *Q.* Or did the tradespeople call for orders? *A.* No.

MR. SERJEANT PARRY. *Q.* Was he in the habit of going out every day to order things? *A.* Not every day; not many times—I can't say exactly how far the shops are from Alma-villas—I should think it would take about ten

minutes to go down to the town—I did not recommend the tradespeople that came—he had his bread of the same baker as I did—he had no occasion to order that; the only thing he ordered was meat—I do not know the name of his butcher—he used to put the evacuations outside the door—he has said that he removed them from the room, which was very small, to prevent a bad smell; he has made that observation more than once—the evacuations were always standing outside the door until they were removed by me, so that Dr. Julius, Mr. Bird, or any one might see them—there was never any concealment of them that I know of—I always removed them from there—the evacuation that was kept for Dr. Todd I threw away in consequence of its being late; I did that myself, thinking Dr. Todd would not come that night—I had kept it there all day, for Dr. Todd, as I understood—I remember an evacuation that was taken away by Dr. Julius whilst Dr. Smethurst was absent—besides that, Dr. Smethurst himself brought me an evacuation to give to Mr. Bird; he put it in a white gallipot; I do not know whether he covered it up; I gave it to Mr. Bird—I do not remember whether Dr. Smethurst had requested me to keep an evacuation for Mr. Bird—I was just bringing it down, and he said, “Wait; I want to get some of that for Mr. Bird.”—Mr. Bird was then in the house—I had gone up to remove it from the landing, and he came down behind me, and said he wanted it for Mr. Bird—I cannot say whether Mr. Bird was then in the parlour or in the bedroom—I was in the habit of making the bed once a day; it was generally late at night when I made it—I had no servant, and no one to assist me in the whole work of the house—my husband was at home at the time, up to the 30th—I attended to my husband, and waited upon him, and also on Dr. Smethurst—I only made the bed in the sick room—I used to bring up the food to the door—I had the whole work of the house to do without any one to assist me—I first suggested to Dr. Julius about the nurse, the day he took away the evacuation—I think I spoke to Dr. Julius about it first—I never asked Dr. Smethurst to have a nurse.

COURT. Q. You offered to act as a nurse? A. I offered to sit up.

MR. SERJEANT PARRY. Q. And then it was he made the observation you state? A. Yes; that was it.

JURY. Q. Was the secretary usually kept open in the ordinary course of use, or kept locked? A. I do not know—after Dr. Smethurst had the key, I never observed the key in it—I never interfere with my lodgers.

MR. SERJEANT PARRY. Q. Did you take any note or particular observation about it? A. No, I never think of looking into my lodgers' places—there were cupboards down stairs, in the parlour—when lodgers come I always leave the keys in the doors, and they may do as they please—they may lock the cupboards or not—when lodgers come sometimes they do lock up things in their cupboards—some are very particular—I never troubled myself about the secretary after I gave the keys to Dr. Smethurst—it was very convenient with reference to the bedroom—it stood by the sick-room, and would have been a very convenient place.

Q. Do you remember on one occasion Dr. Smethurst bringing you some tapioca, and complaining that Mrs. Smethurst did not like it? A. The first tapioca I made she said, when I was making the bed at night, how very nice it was—Dr. Smethurst had given her that tapioca—Dr. Smethurst did at one time bring me some tapioca, and say that Mrs. Smethurst complained of the taste of it; that was the second cup, the second time it was made—I cannot say whether he asked me to make some fresh, or what became of that tapioca—it was not on the same day that Mrs. Smethurst said she liked it, it was the

next day ; I wondered it should be so, because I made it exactly the same—I generally made it twice a day—I think Dr. Smethurst said it was the bitterness of the medicine that had made it taste bad—Dr. Julius was attending her then—there is a grate in the bedroom ; it was open—I do not remember at any time seeing a wine-bottle on the hob, or on the mantelpiece, or anywhere in the room.

MR. SERJEANT BALLANTINE. Q. Had you taken up the tapioca that she liked ? A. No, I gave it to Dr. Smethurst—to the best of my knowledge it was the first I made—it was the next night that Mrs. Smethurst made the observation to me, when I made the bed—it was before the sister came that he brought the tapioca down and said she did not like it—I can't say what he did with it—the bed-room door could open fully, quite free of the bedstead—the prisoner did not appear to be very long gone when he went out—I can't say how long.

COURT. Q. Was he ever gone for an hour ? A. He might be ; I could not possibly say.

MR. SERJEANT BALLANTINE. Q. Did any one attend to her in his absence ? A. No ; I never remember going in once during his absence—I made the bed once a day—sometime she used to be in the bedroom when I made the bed, sometimes on the landing, and sometimes down stairs—I used not to have much conversation with the deceased when I made the bed—I could not say what exactly—I left the keys of the secretary in the drawers—I did not take my things out till Monday (they came on the Friday)—after that Dr. Smethurst had the possession of it himself—I did not take any notice whether or not the keys remained in the secretary—I never tried the drawers—I had nothing to do with it—before I threw away the motion that was kept for Dr. Todd to see, I asked the prisoner if it was requisite to keep it any later, and he said he thought, they would not come so late, and I removed it, because I was unwell that day, and wanted to go to bed a little earlier, I was very sick and had a very bad headache—I then threw it away, and then a note came from Dr. Julius instantly afterwards—it was then a quarter past ten by my kitchen clock, but I believe it to be fast—the note was brought by a lad—I know that Dr. Todd came that night ; I let him in with Dr. Julius.

LOUISA BANKES. I am unmarried, and live at 10, Lanark-villas, Maida-hill—I am sister to the deceased Isabella Bankes—the signature to this marriage register is in her handwriting—she was older than myself, and in her 43d year, and was also unmarried—she and I had lived together ; but in September last she went to reside at Mrs. Smith's boarding-house, 4, Rifle-terrace—I called there several times to see her, and I was introduced by her to the prisoner—I saw her again when she had gone to Kildare-terrace, and I heard of her departure—I was not aware previously that she was about to leave—I think I heard nothing at all of her afterwards till the 10th January—I then received a letter ; this is it (*produced*)—it was from my sister—I see the address put to that letter ; it is my sister's handwriting—it is not in the prisoner's handwriting, no portion of it—from that time I heard nothing of her until the 20th April—I then received this letter—I believe this to be in the handwriting of the prisoner (*Read* : “10, Alma-villas, Richmond-hill, 18 April, 1859. Strictly private and confidential. Dear Miss Bankes,—Your dear sister Isabella wishes me to request the favour of your calling upon her as early as convenient, as she is really very ill, and desirous to see you. She also begs me to say that you will greatly oblige her by coming alone, and asking for Dr. and Mrs. Smethurst (that you have

called to see your sister), and that you breathe not a word of the contents of this note to any one. She further wishes me to add that she cannot ask you to remain, but simply solicits seeing you for the present. Rail from Waterloo station about every half-hour; and Richmond busses from the White-horse Cellar, Piccadilly, about as often. I remain, dear Miss Bankes, yours faithfully, T. Smethurst.”)

Q. I believe in consequence of that letter you went at once to Richmond? *A.* Yes, I did—I arrived there somewhere about 2 or 3 o'clock on the 19th—I saw the prisoner, and was taken up by him into the deceased's bedroom—when she saw me she said she was very ill, and she appeared rather agitated—she said to me if I would be quiet it would be all right—I had not said anything to her—she referred to the prisoner, and said it would be all right, and he said yes, it would—I remained there some hours—I did not remain in the bedroom the whole of that time—I was not with her for any time alone—whilst I was in the bedroom Dr. Smethurst remained there.

COURT. *Q.* Were you with her at all alone? *A.* A minute or two; not more.

MR. SERJEANT BALLANTINE. *Q.* I believe you have a relation, a gentleman of the name of Lane, a surgeon at St. George's hospital? *A.* St. Mary's hospital—in the presence of the prisoner I proposed Mr. Lane seeing her; she said she would rather not; and he said he thought it would be better not—I don't remember who said first they would rather not, he or my sister—something passed between us about money matters—he said he thought she had not had so much as she ought to have received from the dividends; those were the dividends under Mr. Bankes's will—he died last October—I had received my dividend last April.

COURT. *Q.* Do you know what time in October he died? *A.* About 17th, I think.

MR. SERJEANT BALLANTINE. *Q.* And the dividends were payable at the beginning of April. *A.* Yes—I said that I had received the same amount that she had, and it was perfectly correct; it was 7*l.* 5*s.*—whilst I was there I noticed some tapioca in a cup; my sister said it had a nasty taste—she said she should like me to make some; I was willing to do so; I offered to make it, but the prisoner said the milk had not come—I afterwards proposed to make some blanc-mange for her—I did not make it; the prisoner said he would rather not, it would interfere with the landlady—during the day I saw the prisoner give her some soda-water and a saline draught—it was a white mixture—I did not see it mixed; it was mixed outside the room—the prisoner said the saline draught was to check sickness—he went outside the room, and came back in a minute or so, and then the draught was mixed, and he gave it her—she was sick immediately—he gave her some milk—he gave her that after the draught—it came from some part of the room, I don't know where—after that she was very sick—I left somewhere about 6 o'clock—before going, my sister wished very much to see me again—that was in the presence of the prisoner—her excitement when I first came I thought had quite gone off, and I promised that I would see her again—I said I would come in the course of the next week—I received a letter from the prisoner, dated 21st April—I think I had written on the 20th April myself—this is the letter that I wrote (*Read*: “10, Lanarkvillas, Wednesday. I have thought so very much of you, my own dearest Bell, that I cannot allow the day to pass without sending you a few lines. It was such a relief to see you, dear, and I felt so thankful to leave you

a trifle easier. I shall look most anxiously forward to a note on Friday morning. To hear of your gradual improvement will be a source of the greatest comfort to me, although I feel most grateful that you have such a tender and kind nurse. To say nothing about the Doctor's commendable patience, his countenance bespeaks amiability of disposition, and he must have the greatest anxiety for your speedy recovery. We must hope that you will be better than ever when this severe indisposition has passed away. The air is so pure and fresh that I hope all is in your favour. I quite enjoyed a sniff of the country, and got home very comfortably. Was quite beset with inquiries respecting you by Mr. and Mrs. Rigge. If there is anything I can make you fancy, let me hear through the Doctor: you shall have it at once. I shall run down and see you when quite agreeable; and rest assured I shall be perfectly silent about everything that concerns you. To-day I am going to purchase a little hat as a present for Rhoda's 'little Bee,' but having no bairns of my own, I am quite a novice in such matters. And now, God bless you, dearest, and with best remembrances to the Doctor, and affectionate love to your dear self, ever your own fond Loo.") This is the answer I received to that letter (*Read*: "10 Alma-villas, 21st April, 1859. My dear Miss Bankes,—We are in receipt of yours of yesterday's date, for which we are greatly obliged. After your departure dear Bella had a very bad evening and night of it, purely from the excitement of seeing you, and the fatigue consequent thereon. Vomiting and purging set in at a fearful rate, which of course prostrated her greatly. Her doctor therefore at once forbade any visitors for the present, or he would not be responsible for the effects attendant thereon. Last night was a good one, but I am sorry to say to-day has been a trying one. She is now, however, again better, and I am happy to say recovery is really expected by all. I will write again shortly. Dearest Bella sends her kindest love, and with kindest regards, believe me, yours faithfully, T. Smethurst.") On 23d April I sent her a jelly—I did not send any letter with it, I sent it by post, before I sent the jelly; this is the letter (*Read*: "Friday afternoon, 22d April, 1859. Dear Doctor, the jelly I shall forward by omnibus to-morrow, Saturday afternoon. If you will kindly send for it, I will direct it to you, and order the same to be left where the omnibus goes to. I sincerely hope the dear invalid is better: I am so anxious about her, poor darling. What do you think to Mr. Lane seeing her; it might be managed with ease, and I am sure you would feel pleased to have his opinion, being a very clever and experienced man. Best love to my own darling sister, and kind regards to yourself. Ever sincerely yours, Loo. Excuse great haste. I could make any arrangement with Mr. Lane you thought fit, and he need not know circumstances.") I think I sent this piece of paper inside that (*Read*: "These are for you, my own darling Bell. I am anxiously looking forward to to-morrow's post, and sincerely hope and pray you are going on favourably. I am preparing a little nice jelly for you, dear, and shall come down and take a peep at you, with the Doctor's consent, on Saturday or Monday, which I hope will be agreeable to you both. Prepare nothing, or I shall not like to come again.") Before I could pay that visit I received this letter from Dr. Smethurst (*Read*: "23d April, 1859. My dear Miss Bankes, Bella's dearest love and best thanks for your kind attention, in which I most cordially unite. She has not yet got over the emotion of meeting you, poor dear, and is still looking forward to a very early interview; indeed, she would like to name Monday next for your taking a chop with me, but I think it would be more advisable to say the middle of next week, for the doctors even this morning have pro-

hibited everything of a nature which might try her very weak powers, since it would be impossible to bear up against shocks to the nervous system; and on these grounds alone she is ordered to keep her room, in order to treasure up strength. The aspect of affairs is favourable if great care be observed, and we three doctors have every hope of a successful termination. I shall not fail to call for the jelly. I purchased some very beautiful yesterday, and dearest Bell has partaken of two or three glasses of it, and I think with benefit. Dearest Bell says she would rather not see uncle Lane; however, we will talk this matter over at our next meeting. With every kind wish, in which dearest Bell unites, believe me, yours faithfully, T. Smethurst.") In consequence of these letters, I abstained from going down—I received another letter, dated 27th April—this is it (*Read*: "Wednesday afternoon, 27th April, 1859. My dear Miss Bankes,—Dearest Bella requests me to thank you kindly for the jelly. Poor thing, she tries her very best to eat it; it is, however, I imagine, too sweet for her taste, especially so now, with constant nausea. Sometimes it is retained on the stomach, at others it is speedily vomited. I obtained some from town, which is not so sweet; but this she puts aside for yours. I very much regret to say she has not once properly rallied since seeing you. Her nervous energy must be very low indeed, or this would not have happened. Still we have every hope of a good recovery. To-day I have insisted on having a consultation with Dr. Todd, of King's College Hospital, the first physician of the day, with her two regular medical attendants, who are also the first doctors in this town. She is still ordered quietude, and all visitors to be excluded for the present; therefore dearest Bella begs of you to wait a little longer than was anticipated before calling here. As soon as I have got Dr. Todd's opinion, I will send you a few lines on the subject. With our united love, believe me, yours faithfully, T. Smethurst. P.S. Dearest Bella always reads your letters before sending. T. S.") On the 29th I received another letter (*Read*: "29th April, 1859. My dear Miss Bankes,—We saw Dr. Todd from London last evening, as late as 10 o'clock, in consultation with Dr. Julius, of Richmond, one of dear Bella's daily medical attendants. He not only acquiesces in what is being done, but recommends a perseverance in the treatment, with some slight addition of his own prescribing, and entertains favourable hopes, like the rest of us. The bilious vomitings are entirely arrested, but sickness still prevails to a great extent, with occasionally violent retchings, which almost shake her very life out of her; and the bowels continue to act from 8 to 10 times in the 24 hours, in spite of all we can do. This action is very different from what is usually called diarrhoea, and is the result of impacted bowels and congested liver, which must have existed for a very long period, judging from the amount of filth which has passed. I am sorry to say there is no appetite, and that is the only thing which raises a fear in my mind; for how nutrition is to be obtained equal to the expenditure of loss of strength under the circumstances does, I confess, somewhat puzzle me. Nevertheless, there are still good and improving points in her, which I sincerely hope may be the means of creating a rallying point from which we trust to build our hopes upon. I much regret the state of the case will not yet admit of even your seeing her for the present, since any or the least anxiety only tends to debilitate her nervous system. We both, however, anticipate very shortly seeing you here. Dearest Bella sends her kindest love and best wishes, in which I beg to unite, and believe me, yours ever faithfully, T. Smethurst.") I wrote a letter upon that, and I got this letter from him late on Saturday evening (*Read*: "30th April, 1859. My dear Miss Bankes,—In reply to your

favour of yesterday's date, I am exceedingly sorry to say dear Bella has passed a wretched bad night—passed 15 motions in the 24 hours, and of a very bad description: there is now much blood in the stools, and besides which there is an entire loss of appetite, consequently I have great dread for the result. She read your kind letter, and agrees with me that it would be better that you should be near to us; so that if you will run down as early as convenient, you can then take a room or rooms near at hand. It will indeed be a source of comfort to me to have you with us. I much regret there is no accommodation in this house for you, as we occupy all there is to let, and have not room enough for ourselves. Dearest Bella sends her kindest love, and with every good wish, believe me, yours faithfully, T. Smethurst. P.S. There was no wish on my part to prevent you calling, beyond the consideration for the critical state of dearest Bella, in which her medical attendants perfectly united. She has never rallied once since seeing you, and that alone was the reason for keeping her quiet. T. S.") On the receipt of that letter I did not go down until the Sunday, the following morning—I got down between 2 and 3 o'clock—I saw the prisoner—nothing was said to me about my sister's having made a will that morning—he did not take me up to see her at once—he said she was very ill—I had been to church, and came down after the morning service—I went up a few minutes after I got in—I found her in a very bad state indeed—she recognised me—she held out her hand—she could not speak—I only remained in the bedroom a few minutes—not alone, Dr. Smethurst was there—I then went down stairs—he asked me to come down—I did not go up again for some time after—he did not remain with me while I was down stairs—he went up stairs, leaving me downstairs—he gave no reason for that—he said she was too ill to bear me in the room—I had brought down some soup with me in a jelly, that was when I went up the first time—I gave it to the prisoner—he took two teaspoonfuls from it, put some warm water to it, and took it outside the room to cool it—he said he took it out of the room to cool—he was out of the room with it a minute or two—I could not see him when he was out of the room; I could hear him stirring it round—when he brought it back he gave it to my sister, and she brought it up immediately—I only saw my sister once afterwards that day—I remained with her a very short time indeed the second time; I left her because she was so ill the Doctor said I had better not remain in the room—he took me down stairs, and then he returned to the room—I don't think she took any arrowroot in my presence—nothing else was given in my presence that I remember—I recollect writing some letters there, which I wanted to have posted—I told the prisoner I wanted them posted, and he said I must take them, as he could not send any one out with them—I took them, and returned again—during the day he called my attention to the effect of Dr Todd's pills; he said that they had made my sister much worse; he described the effect as a burning sensation all over the body—about 11 o'clock I proposed to Dr. Smethurst that I should remain all night with my sister; he said he would rather not; he would wait on her himself—I had taken a room at a cottage near, and an arrangement was made that I should attend at half-past 9 the following morning—the reason he gave for my not coming earlier was, that he should wish to prepare the room before I came—I came at that time on the Monday morning—when I got there, the prisoner came down stairs to meet me; and while I was there Dr. Julius came in—a conversation took place between the prisoner and Dr. Julius about some fresh medicine—Dr. Smethurst wished to try something else—he wished me to go and fetch it—that was

in the presence of Dr. Julius—I was to get it from Conduit-street, in London—Dr. Julius said he thought he had better send for it; that I had better not go—after Dr. Julius had left, Dr. Smethurst wished me to go and fetch it immediately, and I did so—he gave me a prescription, and I took it to Conduit-street—it was in his handwriting—I took it to Conduit-street, and there had it made up, and brought it back in two or three hours—when I came back I gave the medicine that had been made up to the prisoner; I was going to give it to him—I brought back the paper also—I think I returned it to Dr. Smethurst—when I was going to give the medicine to him, he said he had tried something else—I expressed a wish to see my sister, and he said she was too ill—I was not aware that any communication had been made to a magistrate until a constable came, and then the prisoner went away with the constable, and returned some two or three hours after—when he came back, he said to me, “Dr. Julius has been killing her”—while he was away, or soon after he came back, a nurse was sent by Dr. Julius, and from that time, down to the death of my sister, either I or the nurse attended to her the whole time—during the night I gave her some food—I sat up with her all night—the prisoner was downstairs during the night—he came up once or twice, but the greater part of the night he was belowstairs—he took no further part in administering medicine or food—I gave her a good deal of food during the night: some arrow-root and brandy—I did not make it myself—I gave it her several times—she did not vomit at all on those occasions—I gave her some tea, that was in consequence of her asking for it—she retained that on her stomach—there were no signs of retching when she took either the arrow-root or the tea—the following morning she died, about 11 o’clock—after the prisoner returned from the magistrate’s, I asked him to get something out for the nurse, and he said I had taken that responsibility on my own shoulders, and he should pay for nothing, and get out nothing—my sister and myself both had 1,800*l.*, that was lent out on mortgage to a man of the name of Tarte—I had been on very intimate and affectionate terms with my sister the whole of my life—the nature of her health generally was good.

Cross-examined by MR. SERJEANT PARRY. Q. When Dr. Smethurst returned on the Monday was he labouring under very great excitement? A. Yes; he said, “Dr. Julius has charged me with poisoning her”—he said Dr. Julius was killing her; he appeared to be under very great excitement—he returned about 8 or 9 in the evening—he was taken away about 5 or 6 o’clock I should think—after he returned he went to the room, and kissed my sister—she appeared to recognise him—he did not interfere further—he remained down stairs the greater part of the night—he came up once or twice during the night—once I was there when he came up—there was a nurse attending my sister, of the name of Chetwood—I do not know whether she is here—I am aware that the nurse has been examined before—I did not go to sleep at all during the whole of that night—I was not in the room the whole of the night—I was up and down continually—that was not from the parlour where Dr. Smethurst was; it was from down stairs—I had seen Mr. Smethurst before I saw him at Richmond—I had seen him at Rifle-terrace twice or three times before—that was during the time my sister was staying there—I had not known him before that—my sister had been living away from me latterly, I should think for about three years—I used to see her always constantly during that time—I thought my sister fragile—I have known her suffering from bilious attacks occasionally; I have known her myself suffering from sickness—I know that she com-

plained frequently that when she rode in carriages she was sick, and was in the habit of vomiting; that has been the case when I have been with her—she suffered from a disease of the womb—I was cognizant of that myself—I had ministered to her in that—it was some time ago that she suffered from that; I should think two years from the time of her death—I was not aware that she was in the habit of using injections of nitrate of silver—she was in the habit of using injections; I did not know their nature—I don't know the duration of the disease; I don't know whether it was for a year or more—once she had a Mr. Hoffman, a physician, to attend her; a doctor in Ramsgate—I remember a gentleman of the name of Bartlett attending her—she had a bilious attack which produced vomiting—she was only ill one day—that was a mere ordinary attendance for a mere ordinary bilious attack—I think that was two or three years ago—I had seen her two or three times in Rifle-terrace—prior to that I had seen her constantly, up to that time—my father did not die from diarrhœa; he died of a complication of diseases; I never heard it called diarrhœa.

COURT. *Q.* How old was he when he died? *A.* Fifty-five.

MR. SERJEANT PARRY. *Q.* Was it purging? *A.* Yes; the climax was purging that could not be stopped—I do not remember being with my sister at Mr. Tarte's when she was compelled to remain there for a whole day sick and purged; I still give you the answer that I did on the last occasion, that I have no recollection of anything of the kind—while I was with my sister the first time, she expressed to me that Dr. Smethurst was very kind to her—I was sent up to town for the medicine on the Monday—it was to a chemist's, called Bullock's, in Conduit-street—I don't remember what the preparation was—I did not read the prescription, nor was I aware of what it contained—it was not mentioned to me that Bullock was famous for this preparation—several members of my family have had bilious attacks; it is no disease at all—Dr. Smethurst spoke to me about taking the responsibility on myself after he returned from the magistrate—he did not tell me that the magistrate had forbidden him to interfere any further—I did not know that the magistrate had forbidden his interference—he did not interfere after he returned—I was in the room when the nurse gave my sister food—she did not vomit between 11 and 12 o'clock; she only vomited when she had the first medicine given her—that was some that Dr. Julius sent—I do not know that she vomited twice between 11 and 12 o'clock; it was much earlier than that—I was not in the room when she vomited—I did not know that she vomited twice during the night, and that her bowels were purged three times; I heard nothing of it; it was not a matter brought to my attention at that time—the nurse told me she had not been sick.

(MR. SERJEANT PARRY *wished a letter of the deceased's put in, that had been opened, as containing some writing of the prisoner's.* MR. SERJEANT BALLANTINE *did not propose to read the letter, having alluded to it in mistake; but it might be read if it was desired.*)

MR. SERJEANT BALLANTINE. *Q.* Is this the letter referred to (*produced*)? *A.* Yes; this writing is the prisoner's—my sister had some discharge, but beyond that I am not acquainted with the nature of it; she used an injection for it—my father died of a complication of diseases, I never heard it called diarrhœa—the medical man who attended him is not here—either I or the nurse were in the room with my sister the whole of the night before she died—the medicine that was given, and which made her sick, was an antidote that had been sent by Dr. Julius.

JEMIMA CHETWOOD. I am a nurse at Richmond—On 2d May I was desired by Mr. Caudle, Dr. Julius's assistant, to go to 10, Alma-villas, to attend upon the deceased lady, Miss Bankes—I went to that house between 6 and 7 o'clock on Monday, 2d May—I saw Miss Louisa Bankes in the parlour first—I went up into the bedroom with Mrs. Wheatley, and Miss Bankes followed—some time after that the prisoner came back from the police-court—during that Monday evening and night he came occasionally into the room—I administered all the medicine to her after I came—Miss Bankes gave her a little food; I chiefly gave her the food—I did not see any medicine that was sent from Dr. Julius at the time I first went there—I administered to her the medicine I took with me—Mr. Caudle gave it to me—she vomited after taking it the first time—I administered it to her a second time, half-an-hour after, and she again vomited—I afterwards gave her some beef-tea, and a little brandy in it—she retained that on her stomach—she received food, either from me or Miss Bankes, several times during the night—she rejected the medicine twice, but not afterwards—she retained the food that was given her—I administered the medicine to her four or five times; she retained it after the second time—I do not remember her asking for food, only for a little tea; she retained that—I remained with her until she died, on the Tuesday morning, at five minutes past 11—when she rejected the medicine, I placed the vomit in a basin, and from that into a glass, and gave it to a constable named Jukes—the prisoner was not in the room at the time of that vomit; he requested me to place it in a glass—he had seen it; he came into the room afterwards, and requested me to put it in a glass—I gave it to the policeman to take charge of; the prisoner sealed it up, I signed my name to it, and gave it into the hands of Jukes.

Cross-examined by MR. SERJEANT PARRY. Q. Were both the vomits you speak of in the same basin? A. She vomited into the basin each time; it did contain both the vomits—Mr. Smethurst was not present when she actually vomited; he came up afterwards, some time after—I did not call his attention to the vomits—he requested me to put them into a jar, and have them sealed, and I signed my name to the paper; he wished me to give the jar to the policeman—that was while I was attending upon Miss Bankes, and after he had ceased to have anything to do with her—the vomiting took place from, I might say, 9 till between 9 and 11—both the vomitings; there were only two—besides that there were three purgings that night, all before 12 o'clock—from 12, till the time she died, she appeared to get weaker and weaker; she did not rally at all—the medicines I gave her were given to me by Mr. Caudle; he went with me to Dr. Julius's surgery, and got them—I did not see Dr. Julius until the next morning.

MR. CLERK. Q. Did you give more than one kind of medicine? A. Yes; I took two with me—I did not give any other medicines that night until her death, except the two that I received at that time—there were three purgings before 12 o'clock—the evacuations had a rather brown watery appearance—I showed them to Mr. Bird—I administered food to her after 12; between that time and her death, continuously.

MR. SERJEANT PARRY. Q. Were the retchings, when she vomited on those two occasions, very violent? A. No; they were not.

COURT. Q. The vomiting was easy? A. Yes; there was no retching particularly besides the mere bringing up, and there was a very small quantity that came—it did not appear to be very violent.

MR. SERJEANT PARRY. Q. You have been examined before? A. Yes; at Richmond—I don't think I ever said that the retchings were violent; it was violent, but not so very violent.

FREDERICK BARNARD SENIOR. I am a solicitor at Richmond—on Saturday, 30th April, the prisoner came to my office, I believe in the afternoon, about 1 or 2 o'clock—he was a perfect stranger to me—he asked me if I could come up the hill, to make a will for a lady; she was too ill to come to the office—I said I would; I would go directly—he said, “No; not to-day, to-morrow”—I said, “Monday, you mean?”—he said, “No; I mean to-morrow, Sunday”—I told him I had an objection to doing anything on a Sunday; but he said if it was a work of necessity, would I come; and I said I would—it was arranged that he was to fetch me if there was a necessity—he said the will would be very short, and he then produced this paper, which he said was sent to him by a barrister, a friend of his in London—he said that the lady wished to write it out herself, but he thought it better that a professional man should do it—I just looked at it, and handed it back to him—about 9 o'clock the following morning, he came to my private house—he asked me if I could come immediately; at least, he said, “Come about 10 o'clock”—he said the medical men were coming at half-past 10, and he wished it all done before they came—I said I would come—I had asked him that the medical man might be present; but he said there was no occasion for that, as the lady was perfectly right in her mind, and was suffering from diarrhoea and vomiting—I went at half-past 10—I was shown into the parlour—the prisoner was there; in fact, he met me at the door, and asked me to walk in; and he then said he thought it better to tell me, before I went upstairs, that, although he and the lady were living as man and wife, they were not married, and he said that was the reason why he did not wish the medical man to be present—he said, as soon as she was better, and her Chancery affairs were settled, they were going to leave Richmond to be privately married, and return and settle there—after that I went up stairs; he accompanied me—I went into a bedroom over the room where we had this conversation—I found a lady in bed there—he walked into the room before me, and introduced me to her, saying, “My dear, this is the gentleman who has come to make your will”—she did not say anything; she merely bowed—I went towards her, and she handed me this paper from under her pillow; I immediately recognised it as the same paper I had seen the day before—I said, “You wish to make your will, do you not?”—she said, “Yes”—I said, “Then perhaps you will allow me to read this to you?”—she nodded assent, and I read it through slowly and carefully to her, and I asked her if that was right—she said yes; except that she wished to leave a brooch to a friend, and she said she did not know how I should describe it—Dr. Smethurst, who was standing by, said, “Why, it contains the hair of your late father, does it not my dear?”—she said, “Yes, it does, and set with diamonds and pearls”—I said, “Oh, that is quite sufficient; I will describe it as such”—she mentioned the name of the lady she wished it left to—upon that, I went down stairs again with Dr. Smethurst, and prepared this will (*produced*)—the prisoner was talking to me all the while I was writing it, but upon different subjects; about Richmond, and so on—when I had prepared it, I went up stairs again, and read the fair copy of the will all through to the lady—I asked her if it was according to her wishes; she said, quite so—I then asked for another witness; I said two would be necessary—Dr. Smethurst said he would fetch the daughter of the landlady, if that would do—he mentioned that she was a young girl—I asked how old she was—he said 17 or 18—I said that would do very well, and he fetched her—before he fetched her, he said, “I suppose you will tell her it is some Chancery paper?”—I said, “No; she must know what it is, that it is a will; and the lady must

ask her and myself to witness it ;” and he said, “ Oh, very well ”—Susannah Wheatley was then fetched, and she and I witnessed the execution of the will by the deceased—on her entering the room, I told her what she was wanted for—after the will was executed and witnessed, I handed it back to the lady and left it with her—the prisoner and I then went downstairs together—this is the signature of the deceased—that was all I had to do with it. (*The will was here read, as follows.*)

“ This is the last will and testament of me, Isabella Bankes, now residing at No. 10, Alma-villas, Richmond, in the county of Surrey, spinster : I give and bequeath to my beloved friend, Miss Jenkins, of Walthamstow, Essex, my brooch set with brilliants and pearls, and containing the hair of my late father ; and as to all my real and personal property, estate, and effects whatsoever and wheresoever, and of what nature or kind soever the same may be, I give, devise, and bequeath the same unto my sincere and beloved friend, Thomas Smethurst, doctor of medicine, now also of No. 10, Alma-villas, Richmond aforesaid, for his own use absolutely and for ever. And I hereby appoint the said Thomas Smethurst sole executor of this my will ; and hereby revoke all former wills or testamentary dispositions at any time heretofore made by me, do declare this only to be my last will and testament. As witness the hand of the said Isabella Bankes, the 1st day of May, 1859.

Signed by the testatrix, Isabella Bankes, and declared as her last will and testament in the presence of us present at the same time, who at her request, in her presence, and in the presence of each other, have hereunto subscribed our names as witnesses— FREDERICK B. SENIOR, Solicitor, Richmond, Surrey ; SUSANNAH WHEATLEY, 10, Alma-villas, Richmond, Surrey.	} ISABELLA BANKES.
--	--------------------

(*The other paper, containing the instructions for the will, was to the same effect, except that it did not contain the bequest of the brooch.*)

LOUISA BANKES (*re-examined*). I believe this paper (*the instructions*) to be in the prisoner's handwriting.

MR. SERJEANT PARRY. *Q.* Had your sister ever complained to you of suffering from rheumatism ? *A.* Yes ; not often ; she wrote that she had had rheumatism ; never before.

MR. SERJEANT BALLANTINE. *Q.* You had never known her to suffer from rheumatism at all ? *A.* Never ; she never complained of having rheumatism when I saw her.

ALEXANDER McCROSTY (*re-examined*). I have no doubt that the whole of this paper is in the prisoner's handwriting.

MR. SERJEANT PARRY to MR. SENIOR. *Q.* Did this lady, when she made this will, thoroughly understand what she was about ? *A.* Perfectly—she was perfectly sound as I believe—I read the will over to her—I read it clearly and distinctly and slowly, so that she could thoroughly understand what I was reading and what she was about to sign—she did not make the slightest objection, but nodded assent—she spoke of her friend, the lady to whom she wished to leave the brooch—she did not make any other suggestion whatever—I read these words to her : “ This is the last will and testament of me, Isabella Bankes, now residing at No. 10, Alma-villas, Richmond, in the county of Surrey, spinster ”—she did not make the slightest observation on that—I had two interviews with her ; first, to take her instructions—she handed that paper to me—I read it through slowly to her the same as I did the will afterwards—she handed it to me from her pillow—it was lying on

her pillow—I read it slowly to her, and then she suggested the alteration—then, afterwards, when I had written the fair copy, I read it to her again—I might have been with her five minutes on each occasion, more or less.

MR. SERJEANT BALLANTINE. *Q.* Did she appear at all excited or agitated when she saw you? *A.* No; not at all.

COURT. *Q.* You read the will itself over to her? *A.* Yes; I read over the portion the counsel put to me—before I wrote that, the prisoner told me that they were living together as man and wife, and as soon as she was better and her Chancery affairs were settled, they were going to leave Richmond, to be privately married, and to return and settle in Richmond—he said distinctly that they were not married.

WILLIAM TARTE. I am a lead merchant—I have known Miss Bankes about 25 years—at the time of her death I had some money of hers in my hands, about 1,740*l.* on mortgage—her general state of health was very good during the time I had known her.

Cross-examined by MR. SERJEANT PARRY. *Q.* Had she a life interest in a large sum of money? *A.* I believe she had, about 5,000*l.*—the 1,740*l.* is adequately secured; I am sure of that—I am no relation of hers, a connexion; her brother married a daughter of mine, who is dead—I never knew her complain of weakness, or of sickness, or vomiting.

COURT. *Q.* Were you on intimate terms with her, so as to see her continually and know the state of her health? *A.* Yes.

MR. SERJEANT PARRY. *Q.* You had never known her complain of anything at all? *A.* No; I used to see her perhaps two or three times every three months—she would call, and have her interest from me—she called on business; that was all that I knew of her—she used to come and receive her interest from me—I used to pay it every quarter—I used to see her every quarter, and frequently oftener; she would call besides that time. [*Adjourned.*]

Tuesday, August 16th.

DR. FREDERICK GILDER JULIUS. I am a doctor of medicine, practising at Richmond, and am also a registered surgeon—I have been in practice since 1832—I was called in to see the lady who I now know to be Miss Isabella Bankes on the 3d of April—I found the prisoner there—he stated that she was suffering from diarrhoea and vomiting—I put very few questions to her as to her previous state of health—I came late—when I got to my surgery I sent some medicine—all the medicine that I sent from my surgery was made up by my assistant, Mr. Caudle—I went to see her on the following day, and she was not any better; she was still suffering from vomiting and diarrhoea, and the medicine had no effect in arresting it—Dr. Smethurst had given ten drops of laudanum as an injection, and also some castor-oil—that was not the medicine I had sent; I sent chalk mixture, containing catechu, and so on—nothing was said about the probability of her being in the family-way at that time—I saw her on the following day, the 5th, and learnt from the prisoner that things were going on still in the same state; he drew my attention to the vomiting and purging, that she was very bilious, that a very large quantity of bile came away, and said she would not be better until it did come away—I sent medicine containing grey powder and Dover's powder, which is compound ipecacuanha powder; that did not seem to have any effect whatever—he proposed to give her a mixture containing quinine and gentian, dilute sulphuric acid, ether and gentian, and hydrocyanic acid—I said that I did not think that prescription calculated to do good, that it was not quite the right treatment for the case; he said that he was constantly

there, and would watch it; he gave it with an idea to give her an appetite, and should it disagree he would stop it immediately—I accordingly sent that mixture—hydrocyanic acid is prussic acid—I went again on the 6th, and learnt that she had taken that medicine, but that there had been no ill effect from it whatever, but no good had been derived from it, the vomiting and purging still continued—I saw the motions and the matter vomited, which was of a grass-green colour, and which was shown to me by the prisoner as evidence of her bilious state, but I did not see any yellow bile—there was blood found in the evacuations, not so early as the 6th, but on the 8th; there was nothing particular about them—I continued to send medicine to her from time to time, and saw her every day up to the time she left those lodgings; the symptoms kept increasing from day to day, the diarrhoea was constant, the vomiting still continued, with violent retching and straining, and frothy mucus was brought up off the stomach—there was great hardness of the abdomen, and I perceived that her strength was failing daily—she used to complain of burning heat in the throat and mouth, burning all through the bowels, and she told me that the very act of swallowing made her sick.

Q. Had you made inquiries as to whether she was in the family-way? A. Early in my attendance, Dr. Smethurst told me that she was poorly, that her usual periods were on her—that was within five or six days of my first attendance on her—I am not certain as to the date—I tried a variety of remedies, but the same effect was always produced by whatever was given; no medicine produced any effect in arresting the disease, the symptoms continued the same after taking everything that she did take—I learned from Dr. Smethurst that during the purgings there was a great deal of straining and a great deal of tenesmus—I cannot say whether he used the term tenesmus; most likely he did—tenesmus is a continued desire to go, without doing anything—I noticed her mouth, and before the 18th I noticed on her tongue what in common language is called thrush, aphthous spots, up to the time she left Old Palace Terrace—Dr. Smethurst was always present when I saw her, with one or two exceptions—I got the character of her symptoms from him in her presence—she removed to Alma-villas on the 15th, and I continued to attend her on the 16th and 17th; I found that she was gradually getting weaker; there was no change in the symptoms; they continued precisely the same—about that time Dr. Smethurst wished to give her a mixture containing prussic acid, which I did not precisely approve of, and I told him that it was a remedy of an uncertain character, and to a person in her delicate state, it was hardly advisable to give it; he told me he was accustomed to its use, and he could always test its effect by throwing pieces of bread out which had it dropped on them, and seeing its effect on the sparrows—a mixture was made up in accordance with his wishes, but milder than he had directed, milder than he wished it to be—at this period, the 18th, I had formed an opinion that there was something being administered which had a tendency to keep up the irritation existing in the stomach and bowels—I am not, on reflection, able to account for it in any other way—in consequence of that opinion I requested my partner, Mr. Bird, to visit her.

Q. Did you communicate to him what your opinion was, or did you leave him to form an unbiassed judgment? A. I left him to form an unbiassed opinion—I did not see the lady again until after three days—I next saw her on the 21st or 22d, I think the 22d—I then found her decidedly much worse, much weaker, and looking very ill and reduced—I inquired into the

symptoms that had been exhibited during the period I was away, from Dr. Smethurst—I learnt from him that the medicines which had been administered had been of no use, that the effect of certain remedies which had been given had been excessively violent, producing excessive irritation of the bowels and stomach—I learnt from him that injections were administered—the injections were being administered throughout the illness, so he told me—the symptoms of blood in the motions continued throughout from the 8th of April—there was a proposal on his part to have another medical man—that was before they left the Terrace—he said, did I not wish to see some one else, and asked whether I would like to see Mr. Hills or Dr. Hassell—I said I had no objection to meet any one, but I would rather meet a person from London, as I was the senior practitioner in Richmond, I preferred seeing a person from London—I never heard the lady herself express a desire about having other advice—I continued attending her—I found no difference, except that she was getting weaker from that time—I continued varying the remedies from time to time in conjunction, at the latter part, with Mr. Bird—I was not present at her death—I saw her a few hours before her death—Dr. Todd came down on Thursday, the 28th—he came to me, and I drove him up to Alma-villas—with the further opportunity that I had had of observing the case, I did not at all alter the opinion I had formed—I purposely abstained from communicating my suspicions to Dr. Todd.

COURT. *Q.* Do you mean the opinion that something was going on counteracting your medicines? *A.* Yes; I did not alter that opinion.

MR. SERJEANT BALLANTINE. *Q.* But I understand you to say you did not communicate that opinion to Dr. Todd? *A.* I did not; I and Dr. Todd saw the lady together, and Dr. Smethurst also—I mentioned her symptoms to Dr. Todd, and what she had taken—after he had examined her I drove him down to the train—he prescribed for her—he expressed to me some opinion about the illness—the medicine he prescribed was sent up on the following morning; she took it at 11 o'clock; it was to be taken every six hours; it was a quarter of a grain of sulphate of copper, and a quarter of a grain of powdered opium, to be made into a pill—I had never prescribed that mixture; I had recommended it, but the prisoner had objected to it; he said he objected to the use of the sulphate of copper, because it had often produced symptoms of poisoning—I learnt from him that she had taken Dr. Todd's medicine; I learnt that on the Saturday; he said it had produced intense burning in the mouth and throat, constant vomiting, and fifteen bloody motions; he said the burning was throughout the whole intestinal canal, throughout the whole of the bowels and intestines; his expression was, “from the mouth to the anus”—in my judgment the medicine could not have produced those effects; I should say decidedly not—from what had passed between myself and Dr. Todd, I took the opportunity of obtaining a portion of an evacuation—I met Dr. Smethurst in the town on Friday 29th, and I went early to Alma-villas, and procured an evacuation that had just passed; that was before 11 o'clock; she had not then taken the pills; it was before she had taken the first copper pill.

MR. SERJEANT PARRY. *Q.* How do you know that? *A.* Because the pills came there when I was in the house; I think it must have been about a quarter to 10 when I went up there.

MR. SERJEANT BALLANTINE. *Q.* With that exception, had you ever been alone with the lady during the time you were at Alma-villas? *A.* Not in Alma-villas; I did see her alone on that occasion, but I merely took the

evacuation ; she was then very low and excessively exhausted ; and I did not wish to speak much to her—I took the evacuation home, and gave it to Mr. Caudle—I saw her again the same afternoon ; I did not see Dr. Smethurst that afternoon ; I saw her again on the following morning, Saturday, the 30th ; I saw her again on the Sunday and on the Monday ; she died on the Tuesday morning—during the whole of the period, the disease was not at all arrested by the medicines that had been administered to her—the symptoms certainly could not have been produced by the medicines I administered—in consequence of what passed between me and Dr. Todd, and what I observed myself, I made a communication to a magistrate on the Sunday, and in consequence of that, the prisoner was taken into custody on the Monday—I appeared before the magistrate and made a statement—before I made any communication to the magistrate I had received an account from Dr. Taylor, in relation to some evacuation that had been sent to him—after death there was a post-mortem examination of the body ; I was merely present at it—the stomach was sent up to Dr. Taylor ; I did not minutely examine it ; the examination was conducted by others, not by me—I met the deceased's sister there on the Monday ; I was not aware that she had been there before.

Q. Did you give any direction at any time that she should not see her sister ? A. I never heard the subject alluded to—I never heard of her having made a will—up to the time of her death I had no idea of the nature of the connexion between her and the prisoner ; I supposed them to be husband and wife—supposing small doses of some irritant poison had been administered from time to time, I think that would decidedly have accounted for the appearances that were indicated throughout the disease.

COURT. Q. Supposing that small irritant doses had been administered from time to time, that would account for the symptoms you met with ? A. It would.

MR. SERJEANT BALLANTINE. Q. As far as you know, was either arsenic or antimony administered during your attendance upon her ? A. Not to my knowledge—I never heard of any chlorate of potass being used, or of any mixture being made from chlorate of potass ; it is an innocent medicine in itself ; it is a cooling draught—after the prisoner's committal to prison, I received this letter from him (*Read*: “Horsemonger-lane goal, May 5th, 1859. Dr. Smethurst will feel much obliged by forwarding as above, by return of post, copies of the prescriptions of the following medicines prescribed and dispensed by the firm of Dr. Julius and Mr. Bird ; required for defence:—the sulphate of copper and opium pills (Dr. Todd) ; 2d, the nitrate of silver pills ; 3d, the bismuth mixture ; also please to send him word if arsenic is kept by them in the surgery, or what other part of the premises. To Dr. Julius and Mr. Bird.”) There is no mention in that letter of antimony in any shape—I did not from the beginning to the end of the treatment prescribe antimony—I answered that letter.

DAVID RICHARDSON CARR. I am an articled clerk to Messrs Symes, Teesdale, and Co., the solicitors for this prosecution—on 3d July last I served upon the prisoner a notice, of which this is a copy. (*This was a notice to produce, amongst other things, the letter of Dr. Julius in reply to the prisoner—it was not produced.*)

DR. JULIUS (*continued*). I kept a copy of the letter I sent him—this is it (*Read*: “5th May, 1859. In answer to Dr. Smethurst's communication of the 5th instant, Dr. Julius begs to state that Donovan and Fowler's solutions of arsenic are the only solutions of that mineral kept in his surgery or

any other part of his house.") I sent a copy of the prescriptions, the prescriptions are here—I sent a copy of those, there is no antimony among them—I received another communication from Dr. Smethurst (*Read* : "6th May, 1859. Dr. Smethurst will thank Dr. Julius to supply him with the formula of the acetate of lead pills and opium, and the date when sent out ; ditto ditto, the nitrate of silver pills ; ditto ditto, the bismuth mixture ; ditto ditto, the pills with sulphate of copper ; likewise the dates when the two jars of motion were taken from the house, 10, Alma-villas, for evidence of defence.") On 9th May I received another letter from him—I had answered the other letter previously, the letters crossed each other—this is a copy of the letter I sent him (*Read* : "Richmond, 9th May, 1859. Dr. Julius begs to inclose the prescription for the lead pills, and to state that the other questions are found in his deposition. The acetate of lead and powder of opium make the prescription he wanted.") That was written by me on 9th May, and on the same day I received this letter from the prisoner (*Read* : "Second application. 9th May, 1859. Sir, I made application for the acetate of lead prescription prescribed by you or Mr. Bird, with date—also the dates of prescriptions sent which were wanting, namely, 1st, antimony ; 2d, sulphate of copper ; 3d, nitrate of silver. I also require the dates when the motions were removed from 10, Alma-villas, and when forwarded to Dr. Taylor, for my defence. I am, sir, yours truly, T. Smethurst. To Dr. Julius or Bird.") When I first saw Dr. Smethurst he told me that the lady had been ill just one week—he told me that she had been in a very good state of health before, that she was able to take long walks, and in fact, was out a great deal.

Cross-examined by MR. SERJEANT PARRY. Q. I suppose that statement, that she was able to take walks, and so on, coincided with what you learnt, that she had been out walking, did it not ? A. No ; I did not know that she had been out walking, except from what Dr. Smethurst told me—he made the statement to me as to her condition without the slightest reserve, apparently in the most open and free manner—when I was first called in by him he told me all the symptoms he had observed about the patient throughout the whole of my attendance upon her in Old Palace Terrace, and throughout all my communications with him he always stated to me the symptoms he observed, in the clearest and plainest manner—what he stated to me as the symptoms from which she was suffering, tallied and agreed with my own observation—Dr. Smethurst saw me very nearly every day during my first visits in Old Palace Terrace—I think there were two occasions upon which I saw her alone there—I would not be on my oath that it was not more—to the best of my recollection, I saw her twice alone—I can recollect those two occasions—I will not be positive it was not oftener—whenever I saw him, he communicated freely to me the condition of the patient—he called my attention constantly and regularly to the vomits—I did not always see the vomits every day—when I went, I took the account of the state of the vomitings from Dr. Smethurst—I saw them occasionally—I thought they were of a green character, during my attendance at Old Palace Terrace, and up to the 18th April—they were at Old Palace Terrace up to the 15th—as far as I can remember, the vomiting continued green up to the 18th ; what I saw after that was merely mucous—it was in Old Palace Terrace that the conversation first occurred between me and Dr. Smethurst as to further medical attendance—that was before the 15th of April—he suggested to me further assistance—he suggested the names of Mr. Hills and Dr. Hassell—I said that, being the senior medical practitioner in Richmond, I preferred

somebody from town—he did not suggest Dr. Todd at that time; I am certain of that—I did not suggest that my partner, Mr. Bird, should attend then—I don't think I suggested it to him until some days later than that—Mr. Bird began to attend on the 18th—I suggested his attendance before that, that he should attend instead of me—there was no arrangement that I should cease to attend—he had not suggested that Dr. Todd should be sent for before I suggested Mr. Bird—I told him Mr. Bird had been a pupil of Dr. Todd's; that was not in consequence of his suggesting Dr. Todd to me—I told him that Mr. Bird had had great experience in diarrhoea, and diseases of that kind—it is a fact that Mr. Bird has had considerable experience, in the Crimea; knowing that, I recommended him to Dr. Smethurst—at that time I had formed an unfavourable opinion that my remedies were counteracted; I had at that time formed an unfavourable opinion, as to the possibility of the lady's recovery; I thought her in a very precarious state; I mean on April 18th, there is no mistake about that—I did not communicate my impression to Mr. Bird—I was present when Mr. Bird was examined here on the last occasion—I heard him examined—I did not hear him say that I had communicated to him my unfavourable impression; I certainly had not—Dr. Smethurst suggested Dr. Todd's coming down after this; I think that was on Wednesday, the 27th—he came down on Thursday night, the 28th—I wrote a note to Dr. Todd, and sent it up by my son—I saw Dr. Todd when he came down; it must have been a few minutes before 10 when he came; I met him at the station, I should think about a quarter to 10; that was the time the train was due—I had not communicated to Dr. Smethurst that he was expected by that train—that was not the latest train; there are several later than that; there is one at 12 o'clock—I had not told Dr. Smethurst the time I expected Dr. Todd to call—it was a little before 10 when I went with Dr. Todd to Alma-villas; we went there direct from the station—I simply told Dr. Todd the symptoms from which she was suffering, and the remedies that had been used—I told him that all those symptoms had failed to yield to my remedies—I told him what the remedies were that I had used—I never conveyed to him any further impression than what I have stated—I did not express to him my great surprise that they had failed—I will undertake to say that I never expressed anything more to him than just detailed the symptoms and the medicines I had used—I have not got the note I sent to him—I cannot recall to my recollection Mr. Smethurst saying, that if the patient had been under his responsibility he should have preferred soothing remedies; I do not recollect his saying he should have given her a slight occasional emetic, with calomel and opium, and no irritants—nothing of the kind was expressed to me, to my recollection—hydrocyanic acid, or prussic acid, is very frequently used to check sickness; it is used to check vomiting in the early stage of pregnancy; it is a medicine that is very frequently used for that purpose; it is of a very sedative character—I thought the dose that Dr. Smethurst suggested was a very large dose for a person in the weak state in which she was; it was 2 drops of Scheel's strength, mixed with the ordinary dose of water, of course—I have the prescription here; it is 12 drops of hydrocyanic acid, 2 drachms of carbonate of soda, syrup of orange-peel, and 6 oz. of water; that would be 2 drops to 1 oz. of water—an ounce of water is 2 table-spoonfuls—that was not the dose to be taken, because she had to dissolve a powder in some more water, so that she would perhaps take 3 or 4 table-spoonfuls of water; that would dilute it still more—there were 6 doses in the bottle, to be taken with a powder to make it effervescent—I sent a dose that was one-third less than that; Mr. Caudle

made it up—(*referring to the book*)—the entry in my book is a copy of the prescription.

COURT. Q. Can you tell how many drops were sent? A. I cannot exactly; Mr. Caudle must tell you that.

MR. SERJEANT PARRY. Q. You say you thought the dose was too large, and you ordered a milder dose; cannot you tell what that milder dose was? A. I don't say that I ordered a milder dose; you are misunderstanding me; a milder dose was sent, not by me, by Mr. Caudle—I did not order a milder dose to be sent—Mr. Caudle did that upon his own responsibility—he had no time to consult me—this prescription was not written out by Dr. Smethurst; he dictated it to me, and I came home and entered it—I entered it according as he gave it me—I entered 12 drops, and Mr. Caudle, without consulting me, sent less—Dr. Todd had not been expected the day before he came—I have copied out from the book all the medicines I administered to the deceased—the book itself is here—on the 3d of April there was some chalk mixture, with aromatic confection, tincture of catechu, compound tincture of camphor, and camphor-water (that is the same as camphor-julep)—on the 4th of April, 2 grains of grey powder, and 2 grains of Dover's powder, or compound ipecacuanha powder; three of those pills were sent—on the 5th of April there was 8 grains of quinine, dilute sulphuric acid, a sufficient quantity to dissolve it, dilute hydrocyanic acid, or prussic acid, 15 drops, 2 drops of chloric ether, and infusion of gentian—that was Dr. Smethurst's prescription—on the 6th of April there were six pills sent, as on the 4th of April; and she also had a rhubarb draught, with salvolatile and compound tincture of cardamums—on the 7th the mixture was repeated—on the 9th the mixture was repeated—on the 12th six more of the pills that had been ordered, with grey powder—on the 14th the mixture was again repeated—on the 17th the mixture was repeated—on the 18th there was the hydrocyanic mixture that we were speaking of just now, and a solution of the acetate of morphia in water; that is all; the other things that were ordered were prescribed by Mr. Bird—I did not at any time prescribe bismuth, nitrate of silver, or acetate of lead—sulphate of copper was prescribed by me, in conjunction with Dr. Todd, not before—there were 2 grains of grey powder in each grey-powder pill—that was to be repeated every four hours, but it was not given nearly so frequently—I think I made up altogether fifteen pills, each containing 2 grains of grey powder—grey powder is a metallic medicine; it is a preparation of mercury—that was the only metallic medicine that I administered—acetate of lead, bismuth, nitrate of silver, and sulphate of copper, are all metallic medicines—I was present on the 4th of May, when Dr. Taylor was examined before the magistrate—I cannot recall to my mind whether I then heard him mention both arsenic and antimony—I had not before the 5th of May heard Dr. Taylor mention both arsenic and antimony—I was present when he was examined—I did not say when I was here, on the former occasion, that I had heard antimony suggested before Dr. Smethurst's letter of the 9th of May—I said that I had heard of antimony, but I had not heard it mentioned; it was in a letter that I became acquainted with it—until I was asked upon cross-examination on the last occasion, I never mentioned to any one about the deceased being pregnant—I had not, in fact, the slightest suspicion of it—I knew nothing of it until the post-mortem examination—if I had known it during my attendance upon her it would have made no difference whatever in my treatment, nor does it, now that I am acquainted with it, make any difference in my opinion—the age of forty-three is generally a critical time of a woman's

life, or rather later, I should say ; the age at which the periods stop varies so much—it is generally from about 45 to 50 ; it may be at times from 40 to 45, or even earlier than that occasionally ; as a rule I should say it was from 45 to 50.

Q. In the case of a woman who becomes pregnant for the first time at 43, is her state likely to be more critical than if she had become pregnant just after maturity? A. No ; I think not ; her confinement would be very much more difficult ; I do not think her pregnancy would be more critical—I do not think the age of 43 would make a state of pregnancy more critical or more likely to disturb the system, than any other age, such as 20 or 25—I state that decidedly as the result of my experience ; the confinement would be very critical indeed, but not the period of pregnancy—as a rule the periods stop within a month or six weeks of pregnancy ; there are some very rare exceptions where they do not, but they are very rare, I think ; in my opinion there is rather less danger of miscarriage in a woman's becoming pregnant for the first time at 43, than at 20 or 25, I should say that from my experience ; the danger is rather less at an advanced age than in early youth—you may have the usual symptoms of pregnancy—vomiting is a very common symptom—if I heard that a woman who was pregnant vomited, or felt sensations of sickness when she awoke of a morning, I should consider it was likely to arise from the pregnancy—it would be an exceptional case if sensations of sickness occurred in moving across a room—sickness in moving is a common symptom.

Q. Have you never known an instance of vomiting and diarrhœa conjoined, arising from pregnancy? A. I have known a person pregnant who has had the common sickness of pregnancy, and who has also had diarrhœa—my experience is founded partly upon what I have witnessed in practice, and partly from what I have read—I am constantly reading medical books, getting up the experience of others, and keeping up with the times—I cannot say that I have known of an instance where a woman pregnant has suffered from severe vomiting and severe diarrhœa, which have yielded to no ordinary treatment—I have heard of vomiting being unable to be stopped, but I have never found it so bad when it has been conjoined with diarrhœa—I cannot say that I have known or heard of an instance of a woman's being pregnant, suffering from severe vomiting, burning sensation, diarrhœa, and dysentery, which have not yielded to any treatment applied to diarrhœa or vomiting—I do not know Dr. Barker, of Bedford—I have not heard of an instance of a woman pregnant at the age of between 40 and 45 suffering from severe vomiting and severe diarrhœa, and her life only saved eventually by the abortion of the fœtus—I have heard of vomiting being so severe that it would yield to no remedies, and where, to save life, they have been obliged to produce abortion ; but I have not heard of it conjoined with diarrhœa—I have never made a post-mortem examination of a body that died from arsenic or antimony—I know Dr. B. W. Richardson, of St. George's Hospital, I am not aware that I have ever consulted him in difficult matters ; I think I met him on one occasion ; I think not more ; when he was living at Mortlake, I used to see a good deal of him professionally ; I have not had opportunities of seeing him since he has been in London ; we have occasionally been engaged in post-mortem examinations together—in the course of the treatment of the deceased lady, laudanum injections were used constantly ; that laudanum was obtained from my surgery ; Mr. Caudle can tell you better than I how much was supplied ; the opium injections were used with my full approval—I am a doctor of medicine ; my degree is not

the London degree, it is the Archbishop of Canterbury's; he has the power of granting it; I did not take it out as a matter of form, it is a very uncommon thing—I am a member of the College of Surgeons, and a general practitioner; I took out my M.D. degree about 1850, I think; in order to obtain it, I had not merely to pay the fees, I had to go to two Fellows of the Royal College of Physicians, who stated they had known me a certain length of time, and that I was a person upon whom a doctor's degree might be conferred; upon that you are enabled to call yourself Doctor, that is all; that was my object.

COURT. Q. You are a member of the Apothecary's Company? A. Yes; and a Fellow of the College of Surgeons; either of those entitle me to practice.

MR. SERJEANT BALLANTINE. Q. In relation to the burning sensation, which was one of the symptoms of this lady, when did you first of all hear of it? A. About the 8th of April; I then heard of it from herself; from that time, during the whole progress of her illness, I heard it referred to, sometimes from her, and very generally from Dr. Smethurst; as far as my experience goes, that is not a symptom of pregnancy in any stage.

COURT. Q. Has the vomiting that arises from incipient pregnancy anything to do with a burning in the mouth or throat? A. No; I do not think it has; I don't think it ever accompanies the vomiting.

MR. SERJEANT BALLANTINE. Q. Not in your experience, at all events? A. Certainly not in my experience—assuming the lady to have been only 7 or 8 days pregnant at the time I was called in, I have never met with combined diarrhœa and vomiting at that stage of pregnancy; I have known vomiting; vomiting is almost the very first symptom of pregnancy; I have known it occur at the very earliest stage of all, but it has never occurred in my experience in combination with diarrhœa at that early stage; with regard to the sickness itself, it was decidedly not of the same character that is met with in pregnant women; there was excessive violent retching, and a burning sensation; and generally, as a rule, the sickness from pregnancy is a rejection of the food, unaccompanied with any very violent exertion—as a rule, there are exceptions to it—the appetite is very often excessively good after sickness in pregnancy—as far as I have known or read, diarrhœa in pregnancy has not been a dangerous or a difficult symptom to manage; such a medicine as that prescribed by Dr. Todd administered to a pregnant woman would not occasion the symptoms that Dr. Smethurst stated occurred after the administration of it; where diarrhœa is met with in pregnant women, the character of the stools is generally bilious, containing feculent matters; there would not be a shreddy appearance in the evacuations; the combination of diarrhœa and sickness in pregnancy is quite exceptional; having learnt that she was in a state of pregnancy during my attendance upon her, does not at all alter my opinion that irritative substances were being administered to her during her illness.

COURT. Q. Can you in any other way account for the course of symptoms which you had an opportunity of seeing from 3d April down to her death? A. Indeed I cannot.

SAMUEL DARGAN BIRD. I am a registered surgeon, and am practising medicine in partnership with Dr. Julius at Richmond—I have been with Dr. Julius between 2 and 3 years—before that I was practising my profession in the Crimea—I had opportunities there of seeing many cases of bowel complaint and dysentery—I was requested by Dr. Julius to go and see the deceased lady, Miss Bankes, about 18th April—I did so—at the time Dr.

Julius requested me to attend Miss Bankes he did not mention or allude in any way to any suspicions he entertained with respect to her treatment—I saw her on the 18th or 19th—the prisoner was there—I found her labouring under diarrhœa and vomiting—the prisoner did not tell me that he was a medical man, but I gathered it from my conversation with him—he described to me what she had been suffering from, and what treatment Dr. Julius had adopted for her—he gave me his opinion of the cause of her illness; he said that the lady had neglected her bowels for a considerable time, and that now he thought the liver and bowels were unloading themselves by means of the diarrhœa and vomiting—he read notes to me, which he said he had made of her symptoms and the course of her treatment—I at first continued the treatment that Dr. Julius had been adopting previously, which was an effervescing mixture, containing hydrocyanic acid and other medicines—I continued that about 3 days, and I also recommended that ice should be used, and that she should have enemas of beef-tea—I also coincided with what the prisoner said he had been doing before, which was enemas of small doses of laudanum—this treatment had not the least effect in mitigating the symptoms under which she was labouring—the prisoner was always there when I visited her—I noticed the evacuations during the time I attended—at first the evacuations that were shown to me presented no remarkable appearance, but afterwards they contained blood and considerable quantities of mucus—the mucus was stained with blood, and there were also shreds—some of the motions I saw consisted almost entirely of mucus stained with blood—there was no fecal matter at all—the prisoner reported to me what he said was the effect of the treatment I recommended; he said that the effervescing mixture did not seem to check the vomiting, that the beef tea enema seemed rather to increase the diarrhœa, and that the ice also did not check the vomiting—I have been present when she has vomited; there was a very great deal of straining—finding these remedies ineffectual, after a few days, I suggested bismuth—I did not suggest acetate of lead before that—I spoke to the prisoner about it—he said that Dr. Julius had suggested that before, and that he (the prisoner) had thought it was not a likely medicine to do good; however, I overpersuaded him, and the medicine was prescribed and sent; it was in doses of 5 or 6 grains, I forget which—(*Mr. Caudle here referred to the book, and stated that it was 7 grains.*)—the acetate of lead was afterwards prepared by me, combined with opium at first—I suggested that it should be combined with opium—the prisoner remarked that he thought it would act equally well without the opium; but he at last coincided with me that it would be better to give opium with it, and it was given with opium—the nitrate of silver was given on my suggestion—the prisoner informed me, which I found to be the case by my own observation, that the opium which I had combined with the acetate of lead, had had rather too much effect upon the patient, and accordingly, we decided at first that the opium should be omitted from the prescription, but, upon further consultation, we decided that nitrate of silver should be given instead without opium, and it was sent out without opium—I heard from the prisoner that it had been given—he said it had produced a very hurtful effect upon the patient; he said it had caused violent burning pain throughout the whole of the intestinal canal, and that the diarrhœa had been increased, and the motions had contained more blood—in my opinion the nitrate of silver was decidedly not calculated to produce the symptoms that he described—it was given in the form of pills—it was discontinued in consequence of that statement of the prisoner—the quantity given was a $\frac{1}{4}$ of a grain in one pill

—I think 3 pills were sent, but the prisoner stated that only 2 of them were given ; it is my impression that 3 or 4 were sent.

Q. After this, did you find tenderness in the abdomen of the patient ?

A. Tenderness was not a symptom that I particularly noticed certainly ; not at any time—I observed that the symptoms fluctuated ; were more intense at some periods than at others.

Q. Did you at that time form any opinion as to the cause of the continuance of these symptoms and their resisting all your efforts to mitigate them ?

A. At which time do you mean ?

COURT. *Q.* At any time, and if so, when ? *A.* The opinion I formed was that some irritant was being administered which counteracted the effect of the medicines that were given.

MR. BODKIN. *Q.* Was that the result of your own judgment on the symptoms, or had you any conversation upon the subject with Dr. Julius before you formed that opinion ? *A.* I had a conversation with Dr. Julius about it ; that was about three days after my first visit to the lady—Dr. Julius asked me what was my opinion of the case, before he told me his own suspicions—in answer to that enquiry from him I gave the opinion I have now given, and upon that he told me his own—I believe Dr. Todd was sent for and came down to Richmond—I did not see him—I had a conversation with the prisoner upon the subject of Dr. Todd being called in ; that was, I should think, certainly more than a week previous to the time that Dr. Todd did come—the prisoner informed me that he should like to have Dr. Todd sent for—the deceased had previously expressed herself desirous of further assistance, in the prisoner's hearing and in mine ; she expressed that desire more than once—I went to see her on the morning following Dr. Todd's visit—I also saw the prisoner ; he said that Dr. Todd had prescribed sulphate of copper and opium—he said that it had been administered, and that the result was exactly the same as when the nitrate of silver pills were given—I think it was past mid-day when I went there ; I am not quite certain—I can't say quite certainly ; but my impression is that he said only one of Dr. Todd's pills had been given—he said that the pills prescribed by Dr. Todd had produced violent palpitation of the heart ; he used the expression, that it seemed as if her heart was jumping out of her body—I never heard of sulphate of copper combined with opium producing any such effect—he spoke also of an injection ordered by Dr. Todd ; it consisted of catechu and starch, and he informed me that this seemed rather to increase the irritation of the bowels—I should have expected to have found the effect exactly the reverse ; they are astringents—I then said that as the sulphate of copper pills seemed to have produced such a bad effect, they had better be left off, and she had better take no medicine by the mouth at all, but she had better continue the injection of 10 minims of laudanum ; and I also recommended that brandy should be given ; that had been given previously ; that was by the mouth—her mouth was sore, she had aphthous spots on the mouth, and she had complained of a sensation as of a ball in her throat—she complained of thirst, and the prisoner informed me that she drank very large quantities of cold water—on the 30th I told the prisoner that I wished to take away a portion of one of her evacuations, that it might be examined under the microscope to see if there was any purulent matter in it, that we might judge if there was ulceration of the bowels—the prisoner upon that poured out a portion of an evacuation, about 4 oz. ; he tied it over in a tumbler with a piece of old newspaper, and gave it to me—I took that to the surgery and gave it to Mr. Caudle, who labelled it and sealed it with my seal in my

presence ; another bottle containing some liquid was sealed at the same time ; that was numbered 1 ; Dr. Julius brought that to the surgery—those vessels numbered 1 and 2 were then put in a basket in my presence and sent to Mr. Buzzard by Master Julius—he left the room with them intending to go to Mr. Buzzard—he is a medical man, living at 41, Great Marlborough-street, London—sometimes the evacuations were removed from the room to the landing, and the prisoner either fetched them into the room to me to look at, or I went out to look at them, but sometimes I saw them in the room ; they were not more offensive than ordinary motions—I know the term *dysuria* ; it signifies pain in making water—the prisoner informed me that that was one of the effects of the sulphate of copper pills—I went there on Sunday, 1st May, the Sunday before the death ; I found the deceased very weak, and much worse than I had seen her before ; her tongue was of a very bright red, and covered with a white fur, and she had also apthous spots on the tongue, as I had noticed before—her pulse was quick and weak, I counted it ; it was about 130—the diarrhœa was still frequent—the vomiting had to a certain degree subsided ; was it less than it had been previously—a nurse came on the following day—I saw Mr. Buzzard on the Sunday ; a conversation then took place between Dr. Julius, myself, and Mr. Buzzard, in my house—after that conversation Dr. Julius and I went to Mr. Penrhyn, a resident magistrate at Richmond ; a statement was made to him, and he wrote a note to Dr. Taylor, which was given to Mr. Buzzard to take to London—next day I went again to the house—I saw the prisoner—on my entering the house he remarked that she was rather better—he proposed that syrup of iron and quinine should be given—I said I thought that was a most inappropriate remedy, and that we had much better give some vegetable astringent, as we found that the mineral astringents had not produced a good effect—the prisoner showed me an evacuation at that time, and I took a portion of it in a white jam-pot—I put it into a bottle myself, and sealed it myself, which I had not done in the other cases ; Mr. Caudle had done it ; it was numbered 3—the prisoner was taken into custody on the Monday after, I think about 5 o'clock—he was taken before the magistrate and admitted to bail, or released on his own recognizance—I returned to the deceased's house with Inspector McIntyre and the prisoner ; we all three returned together—Mr. McIntyre then took possession of the bottles and vessels about the deceased's room.

Q. How was that done ? A. I went into the deceased's room with the prisoner, and we together handed the bottles and pill-boxes to McIntyre, who stood outside the door—at this time the nurse, Chetwood, was in attendance upon the deceased ; whilst she was there I gave the deceased some arrow root mixed with brandy, also beef-tea mixed with brandy, and I saw some given her by the nurse ; I think I gave it myself at least three times, and I must have seen the nurse give it two or three times more, at short intervals—I gave her a whole teacupful myself at one time ; that was retained on the stomach, all of it—the prisoner had been away from the house about four hours before he returned with me—the deceased did vomit during that day ; the prisoner informed me that she had vomited in the morning, before my visit—I did not see her vomit after the giving of the arrow root and brandy, but I was informed by the nurse that she did vomit—on the following morning I was sent for suddenly to go up to the house—I found the deceased sinking—there was no vomiting or diarrhœa at that time : she was perfectly conscious, though evidently dying—I was up and down stairs, talking to Miss Bankes, and coming up again every minute or two to the patient, and at the time she expired I was below.

COURT. *Q.* I suppose you saw her at intervals very frequently? *A.* I saw her at intervals of five minutes, I should say.

MR. BODKIN. *Q.* Having attended her from time to time, from the time you first went until her death, to what do you attribute the symptoms that she was labouring under? *A.* I attribute them to some mineral irritant poison, administered in frequent small doses—arsenic would produce those symptoms—antimony would also produce those symptoms—I was not then aware that she was in a state of incipient pregnancy; that fact would not alter my judgment in the matter in the least—antimony would decidedly not be a proper drug to administer to her in the state she was.

COURT. *Q.* As far as you know, was any administered? *A.* As far as I know, none was administered.

MR. BODKIN. *Q.* Have you seen in the East many cases of dysentery? *I* have seen a great many cases—dysentery, in its acute form, is not a disease of this climate—taking all the symptoms together, in my judgment they are not referable to a case of acute dysentery, or to any other natural form of disease.

Cross-examined by MR. SERJEANT PARRY. *Q.* How long have you been in practice? *A.* Since the year 1854—what I mean by being in practice is that that was the time I took my diploma; at that time I was one of the resident clinical assistants at the Hospital for Consumption, at Brompton—I passed the College of Surgeons in 1854—I went to the Crimea in February, 1855, as a staff-surgeon of the second class—it was there that I had my experience of dysentery—they were all male patients; I prescribed for them—I have never attended a patient who was found to have died from slow arsenical poisoning—I have never made the *post mortem* examination of a body that was found to have died of slow arsenical poisoning.

(*MR. SERJEANT PARRY proceeding to put the question, whether the witness had formed the opinion that the deceased was the subject of slow arsenical poisoning, until Dr. Julius had first mentioned it, MR. SERJEANT BALLANTINE objected to the question, the witness not having made such a statement.*)

COURT. *Q.* What you stated was that you attributed the symptoms you witnessed to some irritant mineral poison, administered in small doses, and that arsenic or antimony would do; for anything you know, perhaps many other things would do as well? *A.* Exactly; any of the mineral irritant poisons would cause the same symptoms.

MR. SERJEANT PARRY. *Q.* Then have you never formed an opinion that this lady was the subject of slow arsenical poisoning? *A.* I have.

COURT. *Q.* What is your opinion then about her being the subject of arsenical poisoning? *A.* I have formed the opinion that she was the subject of slow arsenical poisoning.

MR. SERJEANT PARRY. *Q.* Did you ever form that opinion before Dr. Julius suggested it to you? *A.* I did not—he first suggested it to me, and then I agreed with him—other mineral poisons might have caused the same effect—what I am now speaking of is a matter of opinion founded on my experience and reading—bi-chloride of mercury might have caused it; that is, corrosive sublimate—I venture to state that in the presence of the medical gentlemen who are here; I mean all the symptoms, and none other, particularly—salivation would not necessarily be a symptom of the use of bi-chloride of mercury.

COURT. *Q.* Is the bi-chloride of mercury ever prescribed by a medical man? *A.* It is frequently, in very small doses, one-sixteenth of a grain perhaps.

MR. SERJEANT PARRY. *Q.* I believe Dr. Smethurst called your attention

regularly to the symptoms, to the vomitings, and to the evacuations? *A.* He did; and I saw them regularly from day to day—I have mentioned three vessels containing evacuations sent for analysis; they were all three ultimately sent to Dr. Taylor—that was on Saturday, April 30—the bottle No. 2 was the one given to me by the prisoner on the Saturday, and No. 3 was given subsequently, at the time of my visit on the Monday—the prisoner gave me both No. 2 and No. 3—I directed the administration of acetate of lead, nitrate of silver, and bismuth—the acetate of lead was the first; there was one grain of it in each pill; Mr. Caudle, I think, made up four pills; I will not be certain; it was either three or four, I think—the prisoner informed me that two were taken, if I remember right—the next thing was the nitrate of silver; there was a quarter of a grain in each pill—I think four were sent; I think she only took one of those, but I am not quite sure about it—I can't say how many were sent; Mr. Caudle will be able to state that—there was no bismuth pill; it was a mixture; either five or six grains for a dose; that can be told by referring to the book—I directed it to be taken every four hours, I think for three or four days, I can't say exactly—when I first went to the deceased I continued the mixture that she was then taking, which Dr. Julius had left her taking—that mixture contained hydrocyanic acid—I continued that from the 18th to the 22d—I do not know what quantity of sulphate of copper was administered; I don't know that Mr. Caudle had the opportunity of knowing that—the bismuth and other drugs were purchased of Hearon, McCulloch and Squires; I really cannot say where they reside; I leave that to Mr. Caudle—I was present at the first part of the post mortem examination; I took no part in it; I was merely present when the brain was opened, and then I was compelled to go away—Mr. Smethurst particularly requested that I would attend the consultation with Dr. Todd; I believe he said, because I had been in the more immediate and direct attendance upon Mrs. Smethurst while she was at Alma-villas—I did not attend, because I had another engagement; he begged of me to attend; and if it had not been for that engagement I should have attended according to his request—I arrived at the opinion that death was caused by some irritant poison partly from my own observation, and partly from the symptoms, the nature of which Dr. Smethurst described to me from day to day.

Court. Q. But did the symptoms that Dr. Smethurst told you of, differ at all from those you had an opportunity of seeing yourself? *A.* Not in the least—I saw the vomitings myself; the motions were shown to me, apparently having been just passed; and partly the lady told me herself of her symptoms—the account that she gave of herself completely agreed with that Dr. Smethurst told me, and with what I observed.

WILLIAM ADOLPHUS FREDERICK CAUDLE. I am assistant to Dr. Julius, and have been so for about a year and a half—I had studied medicine before entering upon my employment with Dr. Julius—I made up the whole of the medicines sent from Dr. Julius's surgery for Miss Bankes—the first I made up was an ordinary chalk mixture, on 3d April, consisting of prepared chalk, aromatic confection, tincture of catechu, and compound tincture of camphor—the following day there were three pills of grey powder and compound ipecacuanha powder; I put two grains of the grey powder into each pill; they were to be repeated every four hours, one to be taken at a time—on 5th April, by Dr. Julius's direction, I made up a quinine mixture; that consisted of eight grains of quinine, a sufficient quantity of dilute sulphuric acid to dissolve the quinine, two drachms of chloric ether, and infusion

of gentian to make up six ounces ; there were also fifteen drops of dilute hydrocyanic acid—the next medicine sent was a few more of the pills similar to those on 4th April ; four of them, I think, or six—there was also a draught containing powdered rhubarb, tincture of cardamums, and magnesia—on the 7th of April the quinine mixture was repeated the same as before—on the 9th the same mixture was sent again—on the 12th six more of the grey-powder pills were sent, the same as those sent on the 4th of April ; “the pills as before” was directed to be put on the box ; I do not know how many were to be taken ; it was one every 4 hours—on the 14th of April I made up another bottle of the quinine mixture as before—on the 17th another bottle of quinine mixture as before—on the 18th I had to make up a prescription with 12 drops of prussic acid of Scheel’s strength ; Scheel’s acid is stronger than the ordinary Pharmacopœia acid ; I had not Scheel’s acid in the surgery at the time, and instead of the 12 drops of Scheel’s, I used the Pharmacopœia acid, 4 drops in each dose, instead of 2 drops of Scheel’s ; that would be 24 drops in the mixture, instead of 12 ; my reason for that was, partly because we had none of Scheel’s ; I could have got Scheel’s with a very little trouble ; but the 4 drops of the Pharmacopœia acid was not quite so strong as Scheel’s would be, and I thought 2 drops a very large dose, and was rather nervous at giving it ; I thought it rather safer to give under the dose than over it ; Dr. Julius was not at home at the time, and I wished to send it at once, and I thought it the safest thing to do ; the rest of the prescription I made up precisely as Dr. Julius had prescribed it ; there were 6 powders to go with it to cause effervescence, to take with each dose of the mixture ; those powders were citric acid, simply to cause effervescence—on the 22d of April Mr. Bird prescribed for Miss Bankes ; the first prescription of Mr. Bird’s that I made up contained bismuth, carbonate of soda, hydrocyanic acid, and water, and, I think, a small quantity of the solution of acetate of morphia (*referring to the book*) ; there were 7 grains of bismuth for a dose, 42 grains in the mixture ; it was a 6-oz. bottle ; the sixth part was to be taken at a time ; there were 20 drops of the Pharmacopœia dilute hydrocyanic acid, 20 drops of the acetate of morphia, 2 drachms of carbonate of soda, 2 drachms of gum-powder, containing bismuth in solution, and water ; that mixture was to be taken 3 times a-day—on the 24th that mixture was repeated—on the 25th I made up 8 pills of acetate of lead and powdered opium ; the dose in each pill was 1 grain of acetate of lead, and half a grain of powdered opium ; one pill to be taken every 6 hours—on the next day, Tuesday, the 26th, I made up 4 pills of nitrate of silver ; there was a quarter of a grain of nitrate of silver in each pill ; the prisoner saw me make them up, and saw me weigh the nitrate of silver ; he appeared to be very particular how I did it, unnecessarily so ; I used great caution, and mixed them very well, and he requested me to do it more, with my hand ; I asked him whether Mrs. Smethurst was better or no, and he said no, he thought she was in a very critical state ; that was on Tuesday ; at that time he also obtained some laudanum from me ; he gave me a bottle that had had laudanum in it before ; as nearly as I can remember, I filled it—I did not see Dr. Todd when he came on the 28th—on the next morning I made up some sulphate of copper pills ; I sent 4 ; I beg your pardon, I sent 6 sulphate of copper pills ; there was a quarter of a grain of sulphate of copper in each pill, and a quarter of a grain of powdered opium ; one pill was to be taken 3 times a-day, about every 4 hours—on that same day there was some tincture of catechu sent, 4 ounces, and another quantity of laudanum ; they were sent separately ; I suppose they were sent for injections—on the morn-

ing of the 29th, Dr. Julius brought to the surgery a bottle, apparently containing an evacuation; it was a 6-oz. bottle; it was not marked then; subsequently it was marked No. 1; I put that bottle in a cupboard, locked it, and kept the key in my own possession—on the following day, Mr. Bird brought a tumbler containing part of an evacuation; he gave it to me, and I put it in a bottle; I was very careful in the selection of the bottle, in the first place, and very careful to wash it as well; it had contained simply liquorice-water before I put the evacuation into it; I took the liquorice out, and washed the bottle, and then poured the evacuation into it from the tumbler; that bottle, and the one I had received from Dr. Julius, were then labelled; Mr. Bird was present; he wrote the labels, and I put them on; Dr. Julius's bottle was labelled No. 1, and Mr. Bird's No. 2; and I sealed them with Mr. Bird's seal, in his presence; it is a Turkish seal, with his name on it, I believe, in Turkish letters; when they were sealed, they were placed in a small basket, and given to young Mr. Julius, with directions to take it to Mr. Buzzard—On Monday, 2d May, I called on Mrs. Chetwood, the nurse, and took her to Alma-villas; I called at the surgery with her in a cab on the way, and took with me some medicine that had been made up; some hydrate of magnesia; that is an antidote to arsenic: I believe that was ordered by Dr. Taylor; if I remember rightly, Dr. Buzzard said so; I left that with Mrs. Chetwood at Alma-villas, with instructions how to use it—after the 29th of April, either Dr. Julius or Mr. Bird were always present when I made up the prescriptions; I must except the hydrate of magnesia; Dr. Buzzard was present on that occasion; I helped Dr. Buzzard to make it—we have two preparations of arsenic in our surgery; they are Donovan's solution and Fowler's solution; they are kept in a cupboard by themselves entirely, with other poisons, in a cupboard apart from other drugs—we have also antimony in the surgery, in the form of tartarized antimony, what is called tartar emetic, and antimonial wine; the tartarized antimony is placed on a shelf in a small bottle, with a small row of bottles of a peculiar shape, on a very high shelf; it is a row of bottles quite different from any other bottles in the surgery, and very small.

Q. In any one of the prescriptions which you made up, and which were sent to Miss Bankes's house, was there any arsenic, or antimony, or bichloride of mercury? A. Most certainly not—after the death of Miss Bankes I gave some specimens of the bismuth, the sulphate of copper, the nitrate of silver, and the acetate of lead to Inspector McIntyre—they were taken from the same stop-bottles of those drugs from which the medicines had been taken that were administered to Miss Bankes—a boy named William Marchant took out the chief of the medicines from the surgery; another boy took a note, I believe, and I think one bottle of medicine; I am not quite sure; I delivered one or two myself in the early part of the illness.

Cross-examined by MR. SERJEANT PARRY. Q. Give me the date when you delivered the specimens of bismuth and other things to McIntyre? A. I really cannot remember; I did not make a note of it—I should think it must have been about a week after the death, but I really could not say; it might have been a fortnight—I gave it him when he asked for it.

Q. You have said something about Dr. Smethurst coming for these nitrate of silver pills; did not he come because you would have been unable to send for some time, and he wanted them as speedily as possible? A. I did not ask what he came for, and did not know—I do not make the mixing of the pills a matter of complaint; they are not difficult to mix, perfectly easy—I really mean what I say—I did not know what the laudanum

was for that I furnished to Dr. Smethurst—Mr. Bird lent him an enema—I sent it to him—I did not weigh the quantity of bismuth that I gave to the inspector; I gave him perhaps about two drachms, and I should think about the same quantity of the others—I don't remember weighing any of them—I gave fully sufficient to analyze—no doubt Dr. Taylor will know.

GEORGE FREDERICK JULIUS. I am the son of Dr. Julius—on the 30th of April I received two bottles and a basket from Mr. Bird—the bottles were sealed—I took them to Mr. Buzzard's, at 41, Great Marlborough-street, London, and delivered the basket and its contents to a female servant in the same state as I had received it.

WILLIAM MARCHANT. I am in the service of Dr. Julius, and take out medicines for him when they are delivered to me by Mr. Caudle—I took medicines to Mrs. Smethurst in Old Palace-terrace—I delivered them to Mrs. Robertson, who keeps the house; I have also taken medicines to Alma-villas, to Mrs. Wheatley's—I delivered them to Mrs. Wheatley—I remember taking a box of pills there—I did not meddle with them.

GEORGE AKRAY. I have delivered medicines for Dr. Julius for three years past, in the evening after 6 o'clock—I have taken some medicines for Mrs. Smethurst to Mrs. Wheatley's, at Alma-villas—I delivered them in the same state as I took them from Mr. Caudle.

CATHERINE MURRAY. I am servant to Mr. Buzzard, of 41, Great Marlborough-street—on Saturday, 30th April, I received from young Mr. Julius two bottles; I placed them on the hall table, that they might be there when Mr. Buzzard came in.

THOMAS BUZZARD. I am a Member of the College of Surgeons—I reside at 41, Great Marlborough-street—on Saturday, April 30, on my return home, I found two bottles on my hall table, labelled No. 1 and No. 2, and sealed with Mr. Bird's seal, which I knew well—I sent those two bottles by Hughes, my servant, to Dr. Conway Evans—on the following day (Sunday) the same two bottles were brought back to me from Dr. Evans with the seals unbroken; the bottles could not have been opened without opening the seals—on the Sunday morning I took those bottles myself to Dr. Alfred Taylor—after some hesitation, Dr. Taylor agreed to examine the contents of those bottles—the bottle labelled No. 2 was opened at that time in my presence, and about two teaspoonsful of the contents were poured out for analysis—(No. 1 was not opened at that time)—I then replaced the glass stopper, and took the bottles back to my house and looked them up—I then went down to Richmond, and saw Dr. Julius and Mr. Bird—I received a letter from Dr. Julius directed to Dr. Taylor; I delivered that letter, and the two bottles which I had looked up, to Dr. Taylor on the Sunday night—on the Monday I was at Dr. Julius's surgery, and prepared the hydrate of magnesia at Dr. Taylor's suggestion.

RICHARD BARWELL. I am a Fellow of the Royal College of Surgeons, and Assistant-surgeon and Lecturer at Charing-Cross hospital—I have been in practice about eleven years—I made the post mortem examination of the body of Miss Bankes, about nine o'clock in the morning of 4th May, twenty-two hours after death—I performed the examination; I was assisted by Mr. Palmer, of Mortlake—the back part of the body externally was of a dark purple, on account of being full of blood, from the position in which the body lay; I gathered from that that the blood was fluid, more fluid I should say than usual; the arms were perfectly flexible; the legs were very rigid; the feet were a good deal bent downwards and turned in, and the muscles at the bottoms of the feet were hard; that would indicate that there

may have been some cramp or spasm in the lower extremities of the body : the abdomen was drawn in ; and the muscles were also tense and hard ; the tongue was rough ; and the papillæ, the little rough eminences, were more elevated than usual—I saw no signs that I could put down as apthous—the face was much emaciated, and of a dull clay or earthy colour ; and the lower lip was drawn in under the upper teeth ; the front of the body generally was of this dull earthy colour—I examined the head ; the result of my examination of it was that the brain was perfectly healthy, and that there was nothing whatever to remark except that there was the same engorgement backwards, on account of the position of the body, from her lying down, the fluid blood naturally gravitates towards the back—there was nothing at all about the lungs wrong ; they were healthy ; but there was the same engorgement at the back or lower part—I hardly examined the liver carefully at that time ; I did not cut into it ; I examined it afterwards, but I saw at that time that the liver was firm and full-sized, rather large—I examined the *uterus* ; I found the common signs of pregnancy, and there was a foetus with a deciduous membrane a vascular fold attached ; I believe it was somewhere between the fifth and seventh week ; it is not a very easy thing to determine accurately ; I think I could determine accurately within those limits ; it was somewhere between the fifth and seventh week—the heart and great vessels connected with the heart were perfectly healthy ; there was, perhaps, a little more serum than usual in the bag of the heart, the pericardium, as it is called, but nothing to amount to a morbid or diseased appearance—I examined the liver subsequently ; it was slightly fatty, rather fatty, the remainder hard ; the liver when it becomes fatty is usually soft, but in this instance it was hard, and it was coloured in the usual manner, speckled—the oesophagus, or gullet, was healthy ; I saw no signs of inflammation upon it—the outside of the stomach, the smaller end, that nearer the intestine, was red ; the larger end, that near where the gullet enters, was of a dark colour ; in the centre it was pale—upon subsequently examining the inside of the stomach the narrow part or small end was also red ; at the larger end was a large black patch from effused blood ; near the small end of the stomach the mucous membrane was congested, that is at the other end from the black spot and near where the red part was—the contents of the stomach were a brown mucus mixed with blood and some bile, I should say—there were no ulcers in the stomach, and no perforation, nor appearance of acute inflammation—I have some short notes of my observation of the intestines made for my own guidance—on the outside of the intestine I noted on 4th May, that was at the first examination, that the commencement of the intestine was very red ; the small intestines generally were inflated and minutely injected with blood, and in certain spots they were roughened by lymph, the result of inflammation, and glued together at certain turns where this lymph or glutinous inflammation was effused ; they were coherent together from that cause ; that did not apply to the entire length of the intestines, only to a few parts, and chiefly quite the lower parts ; those are the external symptoms—internally, the first part of the intestine, technically called the *duodenum*, was inflamed for about three inches from its commencement, but the mucous membrane was quite firm, and there was no ulceration—from that point the rest of the mucous membrane was only slightly injected, not inflamed—in the next intestine, the *jejunum*, the mucous membrane was still firm—in places the vessels were injected with it's own blood, showing the branching way in which the vessels run remarkably plainly, but this only in spots—then I go to the *ilium*, or lower part of the intestines—there was

much the same appearance at the commencement as in the last, except that on approaching the lower part the injections increased very much, and at last, about three feet from its end, the mucous membrane was greatly altered; there was a deposit of lymph therein, and a thickening of the membrane; an ill-organized granular lymph; the membrane at the same time was roughened, and the glands, which are in the intestine there, were less visible than usual—this deposit of lymph did not begin in the glands, but went over the whole surface of the intestine, and concealed the glands instead of rendering them more prominent.

MR. SERJEANT PARRY. *Q.* Are you now reading from notes that you made at the time? *A.* I am reading from notes that I made; these notes were taken very short at the time of the examination, and were filled up afterwards; the next day or two days afterwards; it was within from twenty-four to twenty-eight hours.

COURT. *Q.* So that you can take upon yourself to say that that is a faithful report of what you saw? *A.* This report is a faithful report of what I saw.

MR. SERJEANT BALLANTINE. *Q.* You say the deposit of lymph commenced with the lower part of the *ilium*, and not with the glands? *A.* It commenced at the lower part of the *ilium*, about three feet from its end—what I mean is, that the lymph, instead of being deposited in the glands, was rather around the glands at first—this brings me to the *cæcum*—on the mucous membrane there were many large spots—the appearances within the *cæcum* indicated very serious disease indeed; inflammation, sloughing, ulceration, and suppuration—those appearances diminished as I went lower down in the intestines—when I reached the termination of the intestines, the *colon*, there was still ulceration, but in a minor degree—in the *rectum* there were three ulcerations—I should also have said that in the *cæcum* were black spots of effused blood, which were also found along the rest, and in the *rectum*—I have heard the evidence given of the symptoms exhibited during life, and the treatment adopted by the gentlemen who attended; taking those into consideration, and also the *post mortem* appearances, they are not reconcilable with any natural disease with which I am acquainted—I have seen a great many bodies.

COURT. *Q.* What is the conclusion you have formed from the symptoms that have been detailed and what you saw upon the *post mortem* examination? *A.* That the symptoms and appearances together, have resulted from some irritant administered frequently during life.

Cross-examined by MR. SERJEANT PARRY. *Q.* Have you stated all the material and important appearances that you observed upon this *post mortem* examination? *A.* Yes—I could state a great deal more, but I have stated all that I conceive material, and all that is material in my own mind to the formation of an opinion—I was examined both before the Magistrate and the Coroner—these are the notes of the *post mortem* examination (*producing them*)—I dictated, I may say, to Dr. Julius, who had a pencil and paper, certain short notes, which he put down; and when I reached home, I think even before the close of the day, I wrote out the first two pages—that was from notes taken by Dr. Julius, at my dictation—the second examination was made on 5th May—Dr. Taylor took some notes at that time—I did not go through the same process with them; I wrote out, when I came home, what I had observed at that time, and Dr. Taylor subsequently lent me his pencil notes, from which I may have added a little, or I may have altered—I should not have added or altered, except from my own remembrance of the matter—my note of the liver is, “large, pale, hard, fatty, and

speckled ; first stage of *cirrhosis*”—I did not refer to my note particularly, when I spoke of it—that was written on 4th May ; I have struck out *cirrhosis* here, because on the subsequent examination on 5th May I thought it was not a stage of *cirrhosis*—*cirrhosis* is a disease which hardens the liver ; it is simply a thickening of the common cellular tissue of the liver ; it arises frequently from drinking, and it arises from other causes, which I should have great difficulty in stating ; I am afraid I cannot give you a popular term for it ; it means a hardening, not of the liver itself, but of the cellular tissue of the liver ; it is a disease which seldom, if ever, kills of itself ; it would, after some time, produce jaundice, and then comes on a degeneration of nearly all the tissues of the body—that was the observation I made before I cut into the liver, when I had only made the external examination, before putting the parts into the jar—I should think the hardness was that which had existed always ; it was a normal hardness ; it was nothing extraordinary, nothing abnormal—I apply that to the whole of the liver—the use of the term “hard” does not imply that the liver had been diseased ; the term “fatty” does—“fatty” implies that the liver contains a certain amount of fat which it ought not to have ; it implies disease—the liver ought not to have this fatty appearance—it had hardly reached the stage of fatty degeneration of the texture ; it was not a stage of *cirrhosis* ; I have scratched that out ; and I tell you that the liver was not in the first stage of *cirrhosis*—I made that observation from the liver being speckled—I have never attended a person who has died from slow irritant poisoning—I have never made the *post mortem* examination of a person who has died from slow poisoning—I believe the appearances between slow and rapid poisoning are different in degree—I tell you I have not made such an examination—I believe the difference is only in degree.

COURT. Q. Have you made the subject your study as a professional man ? have you read of *post mortem* examinations made by others ?
A. Certainly.

MR. SERJEANT PARRY. Q. Did you deliver an opinion on this subject before, or is this the first time you have been called upon to deliver an opinion as to the cause of this lady's death ? A. I really forget whether the Magistrate asked me ; I believe the Coroner did—I believe I did deliver an opinion before the Coroner, but would not be perfectly certain ; I may or I may not ; I can't say ; I believe I did ; I could not be quite certain—the liver is always speckled in health ; that is its normal state or condition, it is nothing out of the way—the second examination, on 5th May, was made at Guy's Hospital, in Dr. Taylor's laboratory—no one assisted me—Dr. Taylor was present, and his assistant—I do not know his name—I believe he was only a chemical assistant—Dr. Taylor and I were the only medical persons present ; the only persons that took any part in the examination—I took out the stomach and intestines on 4th May, to forward to Dr. Taylor—I delivered them to Inspector McIntyre—they were placed in a jar—I sealed them myself—when I came to make the examination, on 5th May, that seal had been broken—I think the intestines were then on a dish on the table, or they might have been in a little glass closet that Professor Taylor has ; they were not in the jar that I sent them in—I saw the jar on the table, but the contents had been taken out by Dr. Taylor before I came.

MR. SERJEANT BALLANTINE. Q. I think I understood you to convey that there were no signs of disease about the liver, except this fattiness ? No signs at all except that—that is not a disease of a nature to affect the *cæcum* and the intestines in any way ?

COURT. *Q.* Is it in any way connected with diarrhœa and vomiting?
A. No.

MR. SERJEANT BALLANTINE. *Q.* I believe Dr. Wilks also saw it?
A. On a subsequent occasion I met Dr. Wilks there.

DR. SAMUEL WILKS. I am a Fellow of the Royal College of Physicians—in company with Dr. Alfred Taylor, I made an examination of the deceased's intestines—the examination took place in Dr. Taylor's laboratory at Guy's Hospital, on Saturday, 7th May, I believe—I found nothing that at all calls for remark until I came to the lower part of the bowel—I have heard those parts described by Mr. Barwell; I concur in the accuracy of his description, with the exception that I could not hear what he said about the liver—my opinion is that it was healthy, with the exception of its being slightly fatty—I have heard the description that has been given of the symptoms of the disease of this lady, and of the remedies applied—taking those into consideration, and also the appearances that I observed with Dr. Taylor, I should think her death was most probably to be attributed to an irritant—I am not familiar with any form of natural disease that would account for the symptoms and appearances.

Cross-examined by MR. SERJEANT PARRY. *Q.* What is your position at Guy's Hospital? *A.* Assistant-physician and lecturer on anatomy; demonstrator of morbid anatomy—I examined the intestines on 7th May; they were then in Dr. Taylor's laboratory—severe dysentery produces great inflammation of the intestines, particularly the larger; it also produces ulceration—inflammation, if continued, results in ulceration and destruction of the tissues—the *cæcum* and the *rectum* would be affected in that way by severe dysentery—dark spots of blood effused is also a consequence of severe dysentery.

Q. And may I take it that severe dysentery would produce the inflammatory symptoms that have been described? *A.* I judge so from my reading, acute dysentery not being a disease which we are familiar with in this country; it is very rare—I have had but little experience in obstetric medicine; it is not a branch to which I have given my attention.

MR. SERJEANT BALLANTINE. *Q.* Is dysentery the only disease that is at all similar in its appearances? *A.* The only disease—excluding dysentery, there is no other natural form of disease that would account for the symptoms—acute dysentery is sometimes called Eastern dysentery—it is generally considered to arise from a specific poison acting on the system—I have had the opportunity of examining a vast number of bodies—I have seen a number of persons at Guy's.

Q. Have you ever attended a case of acute dysentery? *A.* If I was to answer that question fairly, I should say that I have seen, in all my experience, two cases in, which we have not been able to arrive at any conclusion as to the cause, and we have been obliged to call them by that name; in those cases we only had the post-mortem appearances to assist us—they were not patients that I attended; they had died shortly after admission into the hospital, and after a strict investigation as to the cause of it, not being able to find any, they were put down as natural disease.

DR. ROBERT BENTLEY TODD. I am a physician of long standing—I am physician to King's College Hospital—I was called in to see Miss Banks—I accompanied Dr. Julius to see her—I made inquiries of Dr. Julius previous to seeing her, as to her symptoms, and the remedies that had been applied—I did not learn from him that he entertained any suspicion that any irritants were being administered—I did not see the lady until somewhat late

at night ; I then proceeded to examine her in the presence of Dr. Julius and Dr. Smethurst—I felt her abdomen—my attention was attracted by the remarkable hardness and rigidity of the muscles of the abdomen, and there was a very peculiar expression of countenance, a peculiar terrified look, as if she was under some influence of fear or terror, which did not look to me like the effect of ordinary disease—the condition of the abdominal muscles suggested to me the presence of some great irritation within the abdomen—I cannot charge my recollection with ever having observed the same aspect of countenance in any case of acute abdominal disease that I have ever witnessed.

Q. You have heard to-day the list of the medicines read out, and had learnt from Dr. Julius the general medicines that had been given, and the symptoms that were exhibited, did you at that time form any opinion of what she was labouring under? A. I was very strongly impressed with the opinion that she was suffering from the influence of some irritant poison—it was by my desire that an evacuation was obtained, a part of a motion—I directed Dr. Julius to make up the prescription that he has mentioned, the sulphate of copper and opium—I suggested that—I also consented to the continuance of opiate enemata which were being administered—I have never known any bad effect produced by the sulphate of copper and opium—I have heard it stated that the prisoner said after the administration of one of these pills the diarrhoea was much increased, and that a burning sensation was produced in the throat, and from the mouth to the anus—I do not think that possible—I think the medicines directed to be given by Dr. Julius were substantially the proper medicines, supposing the form of disease to be diarrhoea and bowel-complaint ; none of them, in my opinion, would have caused the symptoms that were said to have been attendant upon them—considering the post-mortem appearances, with the symptoms and the remedies, I believe that this lady died from the administration of irritant poisons—antimony, arsenic, and corrosive sublimate, are irritant poisons.

Cross-examined by MR. SERJEANT PARRY. Q. You did not actually yourself examine the intestines. A. No ; they were brought to me, but I declined to examine them—when I gave my opinion before, I stated that, in order to arrive at a perfectly accurate opinion, the intestines ought to be carefully examined ; not a mere cursory examination—I advised the gentlemen who applied to me, to put the intestines into the hands of two competent men, who had more leisure than I had, in order that a very accurate examination should be made—I have never made the post-mortem examination of a body that has died from the administration of slow irritant poison ; that answer includes the three poisons I have named—slow poisoning is of very rare occurrence—I have never known any case or cases of the early pregnancy of a woman of about 40 or 45 years of age, in which there has been violent vomiting, violent diarrhoea, and severe dysentery, which no ordinary medicines would stop, and in which the life of the mother has only been saved by the abortion of the *fœtus*—no such cases have come under my cognisance—I think it possible that excessive vomiting and great diarrhoea may be caused by the early stage of pregnancy, and symptoms somewhat allied to those under which this poor lady died ; but I think it is quite impossible that pregnancy alone, in an early stage, or in any stage, could produce intense ulceration of the bowels—I think where it is a doubtful case, it is conclusive evidence against the theory that the symptoms were caused by early pregnancy, that you have found such extensive ulceration as existed in this case.

Q. Have you yourself in your great experience ever come across cases of

dysentery, from which the patient has died, which you have been unable to refer to any cause? *A.* I have come across many cases of chronic dysentery, dysentery of a long standing, which were connected, generally speaking, with exposure to miasmata—I have not seen any isolated case of very acute dysentery.

COURT. *Q.* It is a thing that does not occur in this countay? *A.* Only as an epidemic under particular circumstances.

MR. SERJEANT PARRY. *Q.* Are there not constantly cases of dysentery occurring here and there in this country? *A.* No; not of this kind.

Q. But dysentery generally; rapid and acute dysentery? *A.* No; the term is used, very clumsily very frequently for ordinary diarrhoea—the fact that this lady had been the subject of bilious sickness, and occasionally of bilious purging, and that she was of a highly bilious temperament, would not at all alter or modify the opinion I have expressed, not when the whole circumstances of the case have been brought before me; I mean the whole circumstances of *this* case.

Q. Supposing an early stage of pregnancy, in which you admit it is possible that violent diarrhoea and violent vomiting might occur, would not the fact that the patient had suffered from bilious sickness and bilious purging form any element at all in your consideration? *A.* It would during the life of the patient, but it does not affect my opinion in this particular case; I have got the whole case before me.

COURT. *Q.* Would it produce inflammation and ulceration? *A.* No.

MR. SERJEANT PARRY. *Q.* Are you aware that there were greenish vomitings up to the 18th or 20th of April? did you hear Mr. Bird state that? *A.* Yes; that would direct my attention to another form of poison.

COURT. *Q.* What is that? *A.* Antimony; I mean the incessant vomiting of green matter.

MR. SERJEANT PARRY. *Q.* Is not bilious matter green? *A.* Bile is not green; bile, when it passes into the stomach and is acted upon by the acid of the stomach, becomes green; if it was then vomited it would be green; that explains the green colour of the vomit—it would not be the green colour of the vomit alone that would direct my attention to antimony; the green colour shows great intensity of vomiting; it shows that bile is carried into the stomach; and when by a sort of inverted action, it shows that a large portion of the bowel below the stomach is involved in the effort of vomiting; it shows that the vomiting is an intense vomiting—what I mean to say is that antimony would produce intense vomiting—I have taken that into consideration in the opinion I have expressed; it is one of the elements upon which I formed my opinion; as far as the green vomiting goes, I explain it in that way—I have no experience of a case of violent vomiting in the early pregnancy of a woman between 40 and 45, which has only been checked by procuring the abortion of the foetus—I don't know that I was here when that was stated by Dr. Julius—I do not say it could not happen—by “experience” I mean my own personal experience, and my general knowledge and reading.

COURT. *Q.* In the term “experience,” do you include your general learning, and acquaintance with the profession? *A.* Exactly.

MR. SERJEANT PARRY. *Q.* You must have read, I apprehend, of cases of very violent vomiting from early pregnancy which has been incapable of being checked by ordinary remedies, and where, in order to save the life of the mother, the foetus has been aborted? *A.* It is quite possible I may; but I do not charge my memory with any case of the kind—I am certainly

not prepared to say that it could not happen—Dr. Julius did not mention a word to me about irritant poison—he told me that this diarrhœa and vomiting had failed to yield to any of the medicines he had applied ; and he stated to me that Dr. Smethurst was very impatient of the continuance of remedies, and that after each change of remedy the symptoms became worse—when I first formed my opinion, I stated that I had formed it not only from what I had observed in the bedroom of the dying woman, but also that I had been amply informed as to the case by Dr. Julius, as to the symptoms—it was then that I stated that, without a full examination of the intestines, I should not like to deliver a positive opinion—it was upon my seeing the patient and hearing the description Dr. Julius had given of the symptoms, that I at once formed a strong suspicion of the existence of irritant poison—I think I said arsenic, or some other irritant ; I think those were my words—I cannot undertake to swear that my exact words were, “I said that I had a strong suspicion that this was a case of arsenical poisoning.”

COURT. *Q.* Or that they were not? *A.* Or that they were not—my impression is that that is not a correct statement of what I said ; I said, “arsenic, or some other irritant poison.”

MR. SERJEANT PARRY. *Q.* Did she complain to you of the sensation of a ball in the throat? *A.* I understand that she complained of the sensation of a ball in the throat, and of a burning sensation in her throat—as to the look of fear on the face which I have described, it is scarcely a question of degree ; I do not think I ever saw such an expression in connexion with ordinary disease.

COURT. *Q.* Was it what medical men call anxiety? *A.* No ; it was not anxiety, it was something beyond that, it was terror.

MR. SERJEANT PARRY. *Q.* Where there is great exhaustion and great debility, is there not always a look of anxiety. *A.* There is a peculiar look which a practised eye is familiar with, but it is very different from that—I was not with her very long making these observations, more than five minutes—I really cannot say the time, for I did not look at my watch ; perhaps about ten minutes ; I was in the house longer than that, a good deal—I was observing her perhaps about ten minutes—I was there a sufficient time to enable me to form a judgment of what was proper to do in the case—I did not think it necessary to ask her many questions ; she said very little to me—I have nothing to do with midwifery, or that branch of the profession.

COURT. *Q.* It forms no part of your practice? *A.* No.

MR. SERJEANT BALLANTINE. *Q.* You used the expression that you formed a judgment from the circumstances of this case ; do you by that mean the medical facts alone, or all the circumstances? *A.* I mean simply the medical facts ; I speak of it as a case in a medical point of view—the only form of dysentery that would account for any portion of these grave symptoms would be what is called acute dysentery—in arriving at a conclusion whether it was acute dysentery or not, the time of year, and the position in which the lady was living would lead to an inference—I should expect it more in the hot period of the year, and in a malarious or unhealthy neighbourhood.

HARRY SMITH PALMER. I am a surgeon at Mortlake. On 4th May I placed the stomach and part of the intestines, at the house in Alma-villas, in a jar, and delivered them to Inspector McIntyre—the following day I placed the kidneys and some blood in a jar, sealed it up, and gave it to McIntyre to take to Dr. Taylor—they were portions of the body of Miss Bankes.

ROBERT GRAHAM MCINTYRE. I am the inspector of police at Richmond—on Monday, 2d May, I apprehended the prisoner on a warrant which I received from the Magistrate on a charge of administering poison—he was

taken before the Magistrate at Richmond—Miss Bankes was at that time alive—he was allowed to go at large on his own recognizance that afternoon—the prisoner said before the Magistrate, that the poor lady might die in his absence ; it was essentially necessary he should be with her—when I apprehended him I searched him, I found on him two letters, some keys, and a knife ; these are the letters (*produced*)—I returned with him and Mr. Bird to Alma-villas ; Mr. Bird and the prisoner went into the bedroom where Miss Bankes was, and they handed out to me a number of bottles and pill-boxes—I afterwards delivered the whole of those to Dr. Taylor, at Guy's Hospital—I searched other parts of the house at that time, boxes and things—I examined the secretary on the landing—the prisoner was at liberty the whole of the evening and night of that day, up to 11 o'clock the following morning—soon after 11 I heard of the death of Miss Bankes, and I then took him into custody on the charge of murder—on that day I took possession of some other bottles, which had not been given to me the day before—on 5th May, two days after the death, I received from Mr. Palmer a bottle and a jar, which I delivered to Dr. Taylor, at Guy's—I afterwards received two other bottles which I took to Dr. Taylor ; I believe I also received those from Mr. Palmer—a case of homœopathic medicine was found in a box in the bedroom, I gave that also to Dr. Taylor—after the prisoner was in custody, I went to No. 4, Rifle-terrace, and there saw a person who called herself Mrs. Smethurst—in consequence of the conversation I had with her I went to Kennington Church—on 13th May I received from Mr. Caudle four small parcels—they were sealed in my presence, I think with the seal of Mr. Bird—I took them also to Dr. Taylor on the 14th.

Cross-examined by MR. SERJEANT PARRY. Q. How many bottles altogether did you receive? *A.* I can scarcely tell ; I should think more than 30—the whole that I took away were given to Dr. Taylor for analysis—there was sugar in the secretary ; I saw no tea—there were wine-bottles there ; at least I took them to be wine-bottles ; I did not examine them—there was some brandy in a bottle in the secretary, which I took, and gave to Dr. Taylor—there were drawers to the secretary, and there were clothes in the drawers—a policeman named Jukes was there employed under me—I cannot recollect whether or not the Magistrate, on releasing the prisoner on his own recognizances, forbade him to interfere further with the lady ; he might have done so without my hearing it.

ALEXANDER McCROSTY (*re-examined*). I have no doubt that this letter (*the one found on the prisoner*) is in Mr. Smethurst's writing (*Read : addressed to "Mrs. Smethurst, 4, Rifle-terrace, Queen's-road, Bayswater, London, Monday, 2d of May, 1859. My dearest Mary,—I have not been able to leave for town as I expected, in consequence of my medical aid being required in a case of illness. I shall, however, see you as soon as possible ; and should any unforeseen event prevent my leaving for town before the 11th instant, I will then send you a cheque for Smith's money and extras. I will send 5*l*. I am quite well, and sincerely hope you are the same, and that I shall find you so when I see you, which I trust will not be long first. Present my kind regards to the Smiths, and all old friends in the house. I heard from James the other day ; he said he had called on you, but that you had gone out for a walk. With best love, believe me, yours, most affectionately, T. Smethurst."*)

At the request of Mr. Serjeant Parry the following letter of the deceased was here read :—"The Grubs, Withyham, Sussex, 18th Jan. 1859. My dearest Loo,—In reply to your very kind note, I am happy to inform you that I am now quite well, and take my rambles in the country, as usual, and with no

inconvenience, and with a deal of pleasure, for I am in a very pretty part. Since seeing you, I may say I have truly enjoyed the change, having had every happiness and comfort, and remain in the same fortunate condition ; I am much obliged to all kind friends for their kind inquiries and good wishes. I shall write to Mrs. Williamson. Tarte has annoyed me much by his delay in paying the balance of the last quarter, as I paid Miss — her account, which has left me without cash ; you will, therefore, greatly oblige me, dearest, by having the 11*l.* 15*s.* made up in a small parcel, and written "Cash" on the outside, and directed to me in the care of Messrs. Marshall and Snellgrove, until I send a note for it to them, for I shall have an opportunity of getting it so without charge. Please, dear, to leave it on receipt of this. Give my affectionate love to dear Tiny and darling child. I grieve to have so bad an account of darling Jane Hoffenden. If writing, give my fondest love to her ; and, with many thanks, believe me your affectionate Isabella. Pray write soon, and all news. My sweet little Bob is well ; he sings in the railway carriage. I am covered with plaisters, and am obliged to have flannel drawers. I send you twelve stamps for the shoes, with thanks."

ALEXANDER MCCROSTY (*re-examined*). Mr. Smethurst had an account with the London and Westminster Bank—I have the books here—on 7th or 8th April, and during the whole of April, he had a balance in our hands, of perhaps from 100*l.* to 150*l.*—that is simply from memory—I find an account of 71*l.* 5*s.* paid in to the credit of his account on 16th April—I don't know what the balance was to his credit on that day, perhaps 150*l.* or 200*l.*, I dare say—I speak from memory only.

Cross-examined by Mr. SERJEANT PARRY. Q. Does it remain or is it exhausted? A. I do not know exactly—his usual balance might be from 100*l.* to 150*l.*—we expect a balance of from 150*l.* to 200*l.* in small accounts—we do not open accounts except on those terms—we make a charge unless there is that balance.

MR. SERJEANT BALLANTINE. Q. I suppose his drafts would have been honoured down to the last farthing? A. Certainly.

THOMAS BUZZARD (*re-examined*). I have seen patients for many years past—I was staff-surgeon in the army during the Crimean war—a large number of cases of bowel-complaint, in different forms, came under my observation at that time—I have been present during the examination of the witnesses, and have heard the symptoms of Miss Banks described, and the post mortem appearances—I have no experience of any form of natural dysentery or bowel-complaint reconcilable with those symptoms and appearances, taken together ; I should refer them to the action of some irritant substance taken into the system, either swallowed by the mouth, or injected into the bowels, or perhaps both—I was present when Dr. Taylor began to analyze the small quantity of the contents of the bottle, No. 2, that he poured out—he proceeded to test it by what is called Reinsch's test—he made an examination of the materials before he made use of that test ; the materials were tested to ascertain their purity, their freedom from arsenic or other metallic poison—Dr. Taylor, that same evening, showed me some crystals, which I recognised as those of arsenious acid—I did not see them extracted—I saw no more of the process performed than I have mentioned ; that is, I saw Reinsch's process applied to two tea spoonsful of the liquid—the result was that the copper wire introduced became coated with a dark grey substance—a further process was required in order to determine what the nature of that deposit was.

COURT. Q. And into that process you did not go? A. I did not.

MR. CLERK. *Q.* But was it on the discovery of the deposit of the grey metal on the copper that you proceeded to Richmond to obtain the letter which you brought back to Dr. Taylor? *A.* I proceeded to Richmond immediately after the metallic deposit on the copper, taking with me a paper from Dr. Taylor to Dr. Julius.

Cross-examined by MR. SERJEANT PARRY. Q. Are you a personal friend of Mr. Bird's? *A.* I am—I should imagine, from the note sent that it was not originally intended that I should make the analysis—I cannot explain why it was sent through me to Dr. Taylor—I was with Mr. Bird in the Crimea—our experience was pretty much the same, not entirely, but substantially—the patients were all males—I had been seeing patients long before I went to the Crimea, assisting some gentleman in practice—I was not then established by myself; since I returned from the Crimea I have been—I am on visiting terms with Mr. Bird, and with Dr. Julius—since this matter I have been in the habit of visiting them, and they me—Mr. Bird has called upon me several times, as he was constantly in the habit of doing before this—I have never attended a patient who suffered or died from slow arsenical poisoning—I have never made the post mortem examination of a body killed by arsenical poisoning—Reinsch's test was the only test that Dr. Taylor applied in my presence; that was to about two teaspoonsful of the liquid, two drachms—the rest I replaced at the time, fastened down the stopper, and sealed it in Dr. Taylor's presence, and took it home and locked it up; and that same night, on my return from Richmond, I took out those two bottles from the closet in which they were locked, and conveyed them to Dr. Taylor—when Dr. Taylor applied Reinsch's test in my presence, he commenced by taking an empty test-tube; he placed in that a mixture of hydrochloric acid and distilled water; he then introduced into that a bright copper wire, and placing the test-tube over the flame of a spirit lamp, he boiled this liquid for several minutes; he then removed the wire from the test-tube, and we observed that it was as bright as when it entered the solution.

COURT. *Q.* What was the object of that? *A.* The object was this: very often arsenic is present in hydrochloric acid, and it was to ascertain the existence or non-existence of arsenic in that particular sample, and also to ascertain the cleanliness of the test tube.

MR. SERJEANT PARRY. *Q.* Very often arsenic is present in hydrochloric acid, you say? *A.* Yes; I understand so—it is part of my business to be acquainted with that fact; I believe it is not invariably found.

COURT. *Q.* But it is found so often, that Dr. Taylor thought it necessary to test this hydrochloric acid? *A.* Yes.

MR. SERJEANT PARRY. *Q.* Does Reinsch's test consist of the putting a fine copper gauze into the liquid? *A.* Putting copper in; any copper, copper wire—on this occasion Dr. Taylor used a quantity of copper wire, thin wire—he put that into two spoonsful of the evacuation.

Q. Before that did he test the copper wire in any way? *A.* No more than by the process I have described; boiling it in the hydrochloric acid.

COURT. *Q.* Would that be a test for both? *A.* I don't think it would be much of a test for the copper, because the copper is not dissolved by it.

MR. SERJEANT PARRY. *Q.* Then, in fact, the copper wire used by Dr. Taylor was not tested? *A.* I can't say that the copper wire was tested—the arsenical crystals were shown to me that same night.

MR. SERJEANT BALLANTINE. *Q.* As long as the copper remains undissolved, the only question is the external surface, I suppose? *A.* Exactly; to take care that that is properly cleansed.

DR. CHARLES METCALFE BABINGTON. I am a Fellow of the College of Physicians, and am physician of Queen Charlotte's Lying-in-Hospital, assistant-physician to the Children's Hospital, and am a physician accoucheur—in the course of my practice I have seen cases of acute dysentery ; it is nearly eighteen years ago : about six or eight cases then came under my notice—they were of an epidemic character, in Lower Chelsea ; I think in 1847 I also saw two cases in the same neighbourhood—I am not certain whether they were epidemic ; I only knew of the two cases—I have heard the evidence given here of the symptoms of disease under which this lady laboured, and also of the appearances which her body presented after death ; I have also heard the remedies that were administered—taking all those circumstances into consideration, I do not think she died from acute dysentery—I should think that she died from having taken some irritant medicine ; from the effect of irritant medicines.

COURT. Q. You call them “ medicines ? ” A. Irritant poisons.

MR. SERJEANT BALLANTINE. Q. Has your practice as an accoucheur been extensive ? A. Yes, very large ; I have delivered more than 2,000 women—I do not consider that the death of this lady was in any way attributable to the fact of her being in an incipient state of pregnancy.

Cross-examined by MR. SERJEANT PARRY. Q. Have you ever in your practice been acquainted with instances of very violent and severe vomiting and very violent and severe purging and diarrhœa in an early stage of pregnancy ? A. Not in the early stage—it is a complication generally at the later period of pregnancy ; I mean the diarrhœa—I have certainly been acquainted with it in an early stage—I don't think that advanced age has anything to with it—the condition of a woman between 40 and 45 years of age, pregnant for the first time, is not more critical in the early stage—I have known instances of violent vomiting in the early stages of pregnancy ; not of violent diarrhœa ; there are such cases recorded, certainly—I don't remember any of so severe a character as to endanger life ; I do not know of any case in which the life of the mother has been saved under such circumstances by procuring abortion ; not within the first three months of pregnancy ; rather later, between the sixth and seventh month it is more common, I should say—I do not remember having read of an instance within three months ; I would not pretend to say it was impossible, but improbable—I was present on the former occasion ; I had been called upon to give evidence before that—I made a post mortem examination of the cases of dysentery that I have spoken of, assisted by the apothecary of the dispensary, in each of the six cases—I have no notes of the two last—I believe the six cases arose from an epidemic—that was in 1841 ; that was not the cholera year ; the cholera years were 1832 and 1848—they were not cases at all in the nature of cholera ; no symptoms like cholera ; severe dysentery simply—they were accompanied by vomiting and violent retching—violent retching is a frequent symptom in the early stage of pregnancy, but it is not an unfavourable symptom, the patient is not at all the worse for it afterwards ; on the contrary, it is rather looked upon by accoucheurs as a good symptom—I have not known, in my own practice, of cases of violent vomiting which was unable to be stopped ; I have heard of such cases—violent vomiting would then become unfavourable, but as an ordinary symptom I do not consider it at all unfavourable—I do not remember ever to have heard of a case of violent vomiting without diarrhœa within the first three months of pregnancy, in which, to save the life of the mother, abortion has been procured—I do not know Dr. Barker, of Bedford.

MR. BODKIN. Q. Will you describe the points of difference that exist

between the present case, and the six cases in which you made the post mortem examinations? *A.* There was not the same amount of sloughing in those cases, that there was in the post mortem appearances described by Dr. Wilks; I mean of the *cæcum*; there was not the same amount of destruction of the mucous membrane; the glands were in a different condition; in the dysentery cases, the glands were entirely destroyed, quite obliterated; and, in three of the cases, there was perforation of the intestine—the symptoms in those six cases were different from the symptoms of the case I have heard described to-day—there was no burning sensation of the throat in those cases.

COURT. *Q.* Is that burning sensation of the throat a sensation at all connected with dysentery? *A.* I think not; the burning sensation and constriction described, is not a symptom of dysentery.

MR. BODKIN. *Q.* To what, in your judgment, would you refer the burning sensation? *A.* To the effect of some irritant poison—in my judgment, there was no connexion whatever between the state of pregnancy, in which the deceased is described to have been, and the state of the intestines, as described by the witness.

MR. SERJEANT PARRY. *Q.* Are you acquainted with Dr. Churchill, of Dublin, as an eminent practitioner? *A.* Certainly; not personally—I know him by his writings; he is well known in the medical world.

DR. LEWIS SQUIRE BOWERBANK. I have been for 23 years in the island of Jamaica, practising as a medical man—acute dysentery is a common disease in that country—I have seen a great deal of it—I have heard the evidence given in this case—in my opinion the symptoms and appearances are not reconcilable with any form of acute dysentery.

COURT. *Q.* You heard not only the symptoms, but the mode of treatment? *A.* I did—in my opinion the case is not reconcilable with any form of dysentery I am acquainted with.

MR. SERJEANT BALLANTINE. *Q.* Are the symptoms and appearances reconcilable with any form of disease that you know? *A.* Certainly not with acute dysentery—some of the symptoms, I think, may be traceable more to acute inflammation of the *cæcum*, and the head of the *colon*—that is distinct from dysentery.

COURT. *Q.* The course of this disorder beginning on 3d April, and ending on 3d May, does that correspond with the course of the disease? *A.* Not with the natural course of *cæco-colitis*.

MR. SERJEANT BALLANTINE. *Q.* Bearing in mind all the symptoms, the burning sensation, the resistance to the medicines, and matters of that kind, is there any natural form of disease to which you can attribute them? *A.* There is not—I have had no practical experience of what is commonly called slow poisoning—from my knowledge, acquired by reading and otherwise, I should say that the symptoms described were the symptoms of irritant poison.

Cross-examined by MR. SERJEANT PARRY. *Q.* Is *cæco-colitis* a disease that is known? *A.* It is; it has been ably described by Dr. Copland, and also by M. Dupuytren—it would produce violent inflammatory symptoms, injection of the mucous membrane, and ulcers, and patches of effused blood about the *cæcum*—the disease of dysentery is generally much more severe in a tropical climate than a temperate one—I have only been in this country five months—the dysentery I have observed in Jamaica has been amongst all classes and all colours—all colours and classes are liable to it there.

MR. SERJEANT BALLANTINE. *Q.* In *cæco-colitis*, is the *ilium* generally

affected? *A.* Generally, more or less; the glands especially—the disease arises from different causes; cold may produce it, or the retention of the fæces, costiveness, and so on; or it may be the sequel to dysentery.

DR. JAMES COPLAND. I am a Fellow of the College of Physicians—I am the author of different medical works; amongst others, “The Dictionary of Practical Medicine”—I was in Africa in 1817, and at that time had an opportunity of observing a good many cases of dysentery, generally acute dysentery; I may add that I had opportunities of seeing a good deal of dysentery, in 1815 and 1816, on the Continent, after the peace, where inspections were frequent in the French and German hospitals; I saw them merely as a spectator—I witnessed several post mortem examinations—I have been for many years practising as a physician in this country—I have been present during this trial, and have heard the symptoms under which Miss Bankes is said to have laboured; I have heard described the different remedies which were from time to time administered; and I have paid attention to the evidence with regard to the post mortem appearances—viewing all the evidence, in my opinion her death is not referable to acute dysentery—in my opinion, the symptoms during life, and the appearances after death, are referable to the exhibition of irritant poisons, either by the mouth, or by injection, given at intervals, or in small quantities, frequently exhibited.

Cross-examined by MR. SERJEANT PARRY. *Q.* Have you ever made the post-mortem examination of any animal body, human or otherwise, that has been killed by slow arsenical poisoning? *A.* I have not; I may mention that I have seen within the last few years several cases of slow poisoning by arsenic to which I have been called in; arsenic taken by mistake, or prescribed, and its use extended beyond the proper time; but in only one case, that I know of, has the case terminated fatally, and in that case arsenic was given by an iodate of arsenic—the gentleman who called me in for consultation inspected the body; I was to have been present, but was prevented from being present; he furnished me with the particulars of the examination—in the last three or four months I have seen, I think, two cases of poisoning by arsenic; one was from accident or mistake, and the other was from continuing arsenic for too long a period; they produced very severe symptoms of vomiting and purging; those two cases recovered—they produced burning pain in the œsophagus, down the gullet into the stomach; the stomach was obviously inflamed to a certain extent at the time, but whether the parts would exhibit appearances of inflammation afterwards, is a different matter—in a case of slow arsenical poisoning I should look for inflammation of the œsophagus, but I should not be disappointed in not finding it—I might expect to find traces of the poison in some parts of the tissues—I might expect to find it in the liver, certainly, and in other tissues; but if there was, as there would be, constant vomiting and purging, I should consider a considerable portion of the poison would be eliminated from the system—purging and vomiting do accompany slow irritant poison, if the poison be frequently exhibited.

Q. Would you not expect to find in the tissues of a body traces of the actual arsenic, of the metal? *A.* I have never made the examination.

COURT. *Q.* But referring to your knowledge, as a medical man, reading works? *A.* Certainly I should; I should expect to find a certain amount of poison in some of the tissues; I have said in the liver especially.

MR. SERJEANT PARRY. *Q.* That is what I mean; I do not mean the whole portion of the poison; but would you not expect, in a case of slow arsenical poisoning, to find traces of the actual metal in the tissues? *A.* I should

expect to find traces of the metal in the tissues, more especially in the liver, but I should scarcely expect to find much where there is much sickness, vomiting, and purging; because when a mucous surface is in a state of inflammatory action you have active discharge from the surface, and the other vital function of absorption scarcely takes place—absorption can scarcely take place from a surface from which there is a constant discharge—vomiting and purging are not invariably the constant and continued attendants of slow arsenical poisoning; they are the general attendants—the poison may be exhibited in such a manner as to produce very little vomiting, although it may afterwards produce a great deal of purging—I have paid very little attention to midwifery diseases; I do not practice in that way—I am intimately acquainted with Dr. Herbert Barker, of Bedford; he was a pupil; he attended my lectures at the Middlesex Hospital.

MR. SERJEANT BALLANTINE. *Q.* With regard to the inflammation that you would expect to find, supposing arsenic was taken through the throat, would it depend at all upon the mode in which it was taken and what it was mixed with. *A.* Certainly, to a certain extent at least; if no arsenic or antimony was found, but some small quantity in an evacuation, I should still entertain the opinion that the death was occasioned by an irritant poison, and, of course, the poison that is detected after death is the most likely to produce it; but poison may be exhibited not only alone, it may be combined, and combined with other substances which may mask their detection—I am unable to give a decided opinion whether that would be the case if antimony or arsenic, or both, were given at different times or at the same time—I have no experience on that subject. *Adjourned.*

Wednesday, August 17th.

COURT to SAMUEL DARGAN BIRD. *Q.* Attend to this, (*reading from the notes*). “To the best of my belief the prisoner mentioned the visit of Miss Bankes on the 9th; he told me that the patient had been excited by the visit of the sister, and that it had done her a great deal of harm, upon which I said, perhaps she had better not come again”—is that correct? *A.* It is; but I stated before that I could not speak very certainly about the matter at all; I believe that that was so.

DR. ALFRED SWAINE TAYLOR. I am Professor of Chemistry at Guy's Hospital, a Fellow of the Royal College of Physicians, and a Fellow of the Royal Society—I have had long experience in enquiries of this nature—on Sunday, 1st May, Mr. Buzzard first called on me, about one o'clock, at my private residence—he brought a parcel wrapped up in paper—he told me it contained two bottles, and I ascertained that to be so—the cork of one of the bottles, No. 2, was sealed with a Turkish seal—in consequence of a communication made to me by Mr. Buzzard, I consented to test the contents of ~~No. 1~~—I made no selection—he opened the parcel—I said, “I will test one, I shall not test both; I think one will answer the purpose of both”—he opened the parcel, and took out the first bottle that came—No. 2 was then opened, and a portion of the contents measured out, two drachms—I first tested my apparatus—I applied a process to see whether there was arsenic—my apparatus consisted of copper wire, hydro chloric acid, or muriatic acid, as it is called, of distilled water, and an ordinary test tube—I tested my materials, as also the vessels I used, and ascertained they were perfectly clean—I then used the same tube, the same acid, the same water, and having repeated the experiment with the liquid in No. 2, I found that a metallic deposit of a greyish steel colour had become attached to the wire—that deposit indicated the presence of either arsenic or

antimony, but I cannot say distinctly what metal, or whether there might not be mercury—I did not proceed further at that time—I desired to have the authority of a magistrate to proceed further—bottle No. 2 was then resealed, in my presence, by Mr. Buzzard, and taken away by him—he also took away bottle No. 1—after he had left, I proceeded further with my process—the application had been made to me to do something to save the life of this lady; and though I do not make analyses on a Sunday, I thought it proper to come to a conclusion as soon as I could—I knew that the enquiry had reference to a living person, with a view of seeing what treatment should be adopted—I tested the liquid further by boiling some copper gauze in the remainder of the liquid that was in the tube, so that I removed all that could be deposited on copper from that liquid—I examined the copper under the microscope, and there I saw an appearance closely resembling metallic arsenic—I then proceeded further—I heated a portion of the gauze, coated with metal, in a tube, and obtained crystals of arsenic—this is one of the tubes containing the arsenic (*produced*)—I have no doubt that these are crystals of arsenic; not the slightest—the shorter tube is the one with the experiment performed—if you take the tube out, under the microscope the crystals are perfectly clear—in this little sediment, if you put it against a dark cloth, you will see a little ring of crystals—it is quite plain in the sun-light—I examined it still further—I have applied another test-tube, not to these crystals, but to some I obtained in the same way, a further examination of No. 2—a portion of the crystals are sublimed; I first obtained crystals from the tube; I then examined them by the microscope, and afterwards applied the test of nitrate of silver and nitric acid, and found that it was really metallic arsenic—on the evening of the same day Mr. Buzzard came again; he brought back both the parcels, and a letter with an order from Mr. Penrhyn, the Magistrate, to proceed further; this was still at my house—on the following morning I proceeded to analyse the contents of both bottles; I took two ounces of the liquid of No. 2, and made a still further examination by the same process, further to satisfy myself that there was arsenic—the result satisfied me that I was correct—I used a portion of the copper gauze—I repeated the process and had the results on a stronger scale; that was the only difference.

COURT. Q. You repeated the same process you had used on Sunday; what was the difference in quantity? A. The quantity was more, but I did not estimate the quantity; the estimate I made on Sunday was with two drachms; supposing the drachms to represent the whole liquid, I calculated that there was less than a quarter of a grain in the whole four ounces of the evacuation, certainly less than that; it was evidently a very small quantity that was present—there is a point which I omitted respecting the analysis; I endeavoured to ascertain whether the arsenic was in a liquid state; that is, whether it was dissolved—there was a quantity of blood in the bottle; I filtered a portion of it, and I found arsenic in the filtered liquid, therefore clearly showing that there was arsenic in the blood contained in the bottle.

Q. Did you find anything else besides arsenic? A. I made a subsequent analysis and found copper; merely a trace; just enough to enable me to say that there was copper there.

MR. BODKIN. Q. Was there any indication or trace of antimony? A. None; nor of mercury, nor bismuth—the deceased taking a copper pill on Friday morning, 29th, might account for the copper—hearing that copper pills had probably been taken, induced me to search for copper—the great feature of the process I use is, that it detects all the metals at the same

time; bismuth, antimony, and mercury are all detected by it; it is the only process known to chemists, that will at once enable them to give an opinion upon the probability of any one of these four metals being present, antimony, arsenic, bismuth, and mercury—I examined the organic matter of No. 2, by the microscope, and found it consisted of fibrous matter, feculent matter, such as one sees in watery evacuations; apparently food changed more or less, and mixed with bile and blood; it also contained mucus—I did not perceive any indication of pus—I noticed nothing very remarkable in those organic contents, except this, that I came immediately to the conclusion, from the discovery of arsenic in the blood, that it was such an evacuation as a person labouring under that form of poisoning would probably pass—I advised immediately the use of the antidote for arsenic; the hydrate of magnesia—I examined the contents of No. 1 next morning, and found no arsenic, no metallic matter at all; the contents of it were simply biliary matter, fecal matter with mucus—there was no blood, merely feculent matter with mucus, and no metallic compound; no metallic matter at all; it was of a greenish yellow colour, rather of altered bile, biliary matter and mucus, feculent matter—I ought to mention that it had also a smell rather of feculent matter—on Thursday, 5th May, I received a large jar from McIntyre sealed up, which was found afterwards to contain a portion of the viscera, the stomach unopened, the spleen, the large and small intestines, the liver, part of the œsophagus or gullet, and the uterus or womb—and on 7th May I received other viscera; I received a bottle containing the two kidneys, and a small bottle containing blood said to have been taken from the heart—I received a number of medicine bottles from McIntyre; I can hardly tell the number separately; I labelled both the bottles, packages, parcels, pill-boxes, and a great number of other articles; I numbered them all; they are in the hands of McIntyre, I believe—the highest of my numbers was 26 at that date; I afterwards received others, making a total of 28; then there were others that followed on 14th May, which I numbered 29, 30, &c.; those are chiefly specimens of the medicines supplied from the surgery of Dr. Julius—I examined the contents of all those twenty-eight bottles or packages—omitting No. 5, and No. 21; I found nothing that it is at all necessary you should be acquainted with; I examined them with reference to arsenic—I did not examine them before—I examined the bottles containing the viscera—I first examined the uterus, I did not analyse it, but examined it; and I concur in all that Mr. Barwell has said respecting it—it was in an impregnated state; I agree with what Mr. Barwell says, between the fifth and seventh week, as nearly as I could judge—I next examined the œsophagus or gullet; there was only a portion of it sent, about one third of its length; that was injected on the mucous surface slightly, which indicated some cause of irritation of the throat—there was no arsenic or antimony in the gullet—I next analysed the stomach, and found none there—the appearances have been already described—I concur in them; it contained a yellowish liquid, coloured with blood—on analysis I found antimony in the small intestines in two distinct places; the middle portion of the small intestines contained the largest quantity, the other part was above and below; some was found both above that and below that, and some was found in the cœcum—altogether the quantity was very small that was found in the body—I found some in one kidney, and there were traces in the blood of the heart, and traces of antimony in the blood from the jar; the drainings of the jar—the other kidney was not examined—there was none in the liver or in the spleen—I was assisted by Dr. Odling in the analysis, and we calculated that the whole quantity did not exceed probably

from a quarter to half a grain—I also observed that the cœcum was ulcerated, and its lining membrane nearly destroyed throughout—the colon was also ulcerated; the large intestines were ulcerated more or less throughout, four feet of them, and in parts of them there were dark patches where blood had been effused, and patches of inflammation in the rectum, or rather of irritation—the most remarkable appearance was the almost entire destruction of the lining membrane; there was no perforation in any part of the intestines—I tested the contents of the stomach; the only remarkable point I can state is that there was blood and biliary matter in the contents—the appearances were such as were described by Mr. Barwell yesterday—my judgment and knowledge suggested that some great cause of irritation was the cause of the blood in the stomach—there was no appearance of disease in the other organs at all to account for death; that is the spleen and liver, I observed nothing about them to account for symptoms or death—I next proceeded to examine the contents of certain pill-boxes, which I received on 7th May from McIntyre—I found that they were what they were represented to be, and contained, one mercury, another silver, another copper; they were not all labelled, but the account I had of the prescriptions corresponded with the contents—of the pills containing metallic medicine there were four of the sulphate of copper; one was taken for analysis—by copper pills I mean pills containing a quarter of a grain of sulphate of copper, with a portion of powdered opium corresponding with what was prescribed by Dr. Todd—I found nothing but what corresponded to the labels or prescriptions—I examined besides an Indian rubber enema bottle and a glass syringe—I found in the wadding of the glass syringe, which I removed, traces of some white metal; it was neither mercury, bismuth, or silver, but what I cannot say; it was a mere trace of white metal—I then examined the large number of bottles and packets of powders which McIntyre had delivered to me—there were two bottles of the bismuth; it looked to me as if an ounce or an ounce and a half had been removed from one; the other was unopened, and quite full; in the other bottles I found prussic acid, quinine, and sulphuric acid; that corresponded with the prescriptions—I examined also some sugar and tapioca, and matters of that sort, brought to me by the constable: I found nothing at all suspicious in them. Bottle No. 5 was among the articles delivered to me by McIntyre, the inspector; it was unlabelled, and contained, I found on examination, 355 grains of chlorate of potass; I examined that, and found it was free from anything; it was what I found it to be—in the first instance I had to determine its nature by analysis; there was nothing to guide me to it—it is not muriate of potass; nothing of the sort; that is a detonating salt, an explosive compound, used instead of saltpetre in making explosive mixtures—that bottle has been broken since it has been in my possession; it is broken in two—bottle No. 21, about which an error arose, purported to be a bottle like the other medicine bottles with a label that I could recognise by the handwriting, corresponding to a quinine mixture; it contained about one half of a clear watery liquid, of a saline taste—I handed an ounce and a half of it to my assistant to boil for testing by Reinsch's process, as I had done with the other 20 bottles—I had not at that time Dr. Odling's assistance in applying that test—what I did with the bottle was this: on the 13th, I think, of May, in proceeding to the analysis, I found that, in using the test that had served my purpose throughout the whole of this investigation, that the copper was destroyed, entirely destroyed, and was dissolved; that seemed rather a remarkable circumstance; at any rate, it had never occurred to me in my experience

before ; and thinking, from the appearance of the copper when first put in, that there was something like arsenic about it, I plunged a portion of copper gauze into it for a very short time ; removed the copper gauze, examined it, and obtained crystals of arsenic ; that was in an ounce and a half of it, about one half the quantity—I then put this bottle aside, and went on with the other analyses, thinking there was something remarkable about it, and wishing to have the assistance of another chemist in the matter.

COURT. *Q.* Did that lead you to suppose that there was arsenic in it? *A.* It did ; Dr. Odling assisted me in a further examination, and we both came to that conclusion ; it turned out ultimately that there was none—there was no arsenic or antimony in the fluid ; the arsenic was found, by subsequent research, to come from the copper gauze we had used.

MR. BODKIN. *Q.* The copper gauze being dissolved, set free any arsenic that was in it? *A.* Yes ; chlorate of potass is a cooling medicine, and acts as a diuretic—we had not tested the copper before using it by destroying it in that way ; we had in the ordinary way by boiling it ; but it was the chlorine in this salt that destroyed the copper—the test would have been one to be relied on if the effect of the experiment had not been to destroy the copper by the chlorine of the chlorate of potass—the arsenic was set free ; our testing had not gone the length of guarding against that ; that is to say, it is never necessary to dissolve the copper ; as a general rule, in applying the test we never dissolve the copper—the chlorate of potass is a cooling mixture, and it is also moderately diuretic ; it acts on the kidneys, and so far tends to carry off other matters—I have heard the evidence of the symptoms under which this lady laboured, the remedies applied, and the post mortem appearances ; taking all the circumstances into consideration, I can ascribe the death to nothing but the action of irritant poison.

Cross-examined by Mr. SERJEANT PARRY. *Q.* Were you examined in this case before the Magistrate and the Coroner? *A.* Yes ; I think twice before the Magistrate and once before the Coroner—I have spoken of finding traces of arsenic in the evacuation No. 2 ; it was altogether less than a quarter of a grain—I have stated that it was about the hundredth part of a grain from the two teaspoonsful, and there were 17 teaspoonsful ; 34 altogether in the bottle ; and if the amount were the same throughout it would be about seventeen-hundredths of a grain, that would be the proportion of one-sixth part of a grain ; I always reckoned it so ; I think you will find in my deposition before the Magistrate that I stated it—I used the copper gauze that is here—I have got in my laboratory copper gauze, copper foil, and copper wire—this was a portion of the same copper gauze that I afterwards used with bottle 21—in every experiment I tested the copper to see whether it contained arsenic by boiling it, as I have explained to his Lordship—the copper was used in every other vessel, and observe, there was no change until the suspected liquid was added ; that is, until the evacuation was added—from the copper I used in my experiment on bottle No. 21 I actually deposited, myself, arsenic in the liquid that remained ; and the reason was this, it was the only bottle of the whole number which contained chlorate of potass, and it was the chlorate of potass which destroyed the action of the test—Dr. Odling assisted me ; he made an independent experiment himself on the mixture, and came to the same conclusion that arsenic was present in bottle No. 21 in the liquid we were analysing : in that respect he was wrong, as I was wrong—besides Reinsch's test I applied March's test to bottle 21, that is, to a portion of the same liquid

that I was examining, and which contained the chlorate of potass ; I did not know fully then, when I was making this examination, that the chlorate of potass was present ; I had to find that out—we found, ultimately, that we had deposited arsenic, but our belief at the time was that the arsenic was in the liquid—I stated that belief most positively, both to the Coroner and to the Magistrate—I made the discovery on the afternoon of the 20th—on the morning of the 21st I went down, and having communicated the matter to my friend, Mr. Serjeant Ballantine, he thought that it was such an important subject that it ought not to be for one moment concealed—I did solemnly, on my oath, before the Magistrate, and before the Coroner, state, more than once, that I had discovered arsenic in the bottle, and it was my belief at the time that it was there—Q. Were not your words before the Magistrate, “Understand, Sir ; I tested all my tests before I made this discovery of arsenic”—A. That is, we tested them in the usual way in which they are tested for the application of this process—I have used the copper gauze for fourteen years, and I never found a trace of arsenic in it until this—I have given evidence before on the faith of this copper gauze, and shall do so again ; but I shall take care not to put chlorate of potass in my liquid—I have made in this case seventy-seven analyses—arsenic was found, only in one ; and if there were any strength in your remark, arsenic would be found in every one—I first gave evidence about this on the 21st of May, I think ; I think it was the 21st of May ; either the 21st or 20th ; I think it was the 20th—I have a note of the day on which I attended ; it was on Friday, May 20th. (*The deposition being put in and read, contained Dr. Taylor's statement that he found arsenic in the bottle.*)

Q. At the time you delivered that evidence before the Magistrate and Coroner you firmly believed, did you not, that you had made a correct analysis of this bottle, and had discovered arsenic in it ? A. Yes—and I firmly believed that that arsenic had been placed there at that time, not by my tests, but by somebody else—that did not enter as an element into my judgment—I intended by the term “the analysis,” the discovery of antimony in the body—I did not include that, when I used the expression, “and from the analysis I have made”—I excluded it, in so far as this, that I told the Magistrate and Coroner that the symptoms were more referable to antimony than to arsenic—I am not sure whether that is in my deposition, but that is what I said, whether it is in the deposition or not. (*The other depositions were put in and read. In the deposition of 20th May it appeared that the witness stated, “I can only account for death by supposing it to be the result of antimony and arsenic, administered in small doses at intervals.”*) I have to state that I had not made the analysis at the time of the deposition which has just been read ; therefore, I could give no opinion of the cause of death—at the time I gave that evidence, the result of it was this, that if this 6-oz. bottle had been full of the mixture that I analyzed, in each ounce there would have been a grain of arsenic, which would certainly have been a very serious mixture to administer to any one situated as the deceased was—the bottle I had was only partly full—I formed no judgment about the administration of this liquid to the deceased at all—we fully and finally came to the conclusion that it was the copper which had deposited the arsenic somewhere about the 7th June—I made my original analysis, in which this mistake was made, from half of the contents which had remained in the bottle—Dr. Odling took a portion afterwards to make his independent examination—we then sealed the bottle, and resolved to do nothing more with it—we did not receive special directions to analyze the remainder ; we advised

it ourselves, considering the circumstances—the subsequent analysis was made in conjunction with Professor Brande; we asked him to be present—Professor Brande, Dr. Odling, and myself were together—Professor Brande used Marsh's test—Reinsch's process was also used; no other, we had so little liquid to operate upon; there were only two or three teaspoonsful to operate upon; three teaspoonsful altogether—one teaspoonful was subjected to one test, and two to the other; one to Reinsch's, two to Marsh's—we then agreed that there was a mistake in the original analysis—my copper was tested before that; that led to the necessity of testing the contents of the bottle—by being tested, I mean entirely destroying the copper—we destroyed it with chlorate of potass, and also with nitric acid—the acid of the human stomach would have no effect at all in dissolving copper—I do not think it would—it might, to a limited extent, dissolve copper: to a very limited extent—it would be difficult to suppose that any quantity should be dissolved, because copper is not dissolved by acid except under the free access of air, which cannot get into the body—it might have a limited, or a very limited effect—my tests have been contested; they have been disputed sometimes; at least, they have been examined into—I never remember an occasion when I conscientiously believed my tests were correct, and they were found not to be correct upon further examination—I have no recollection of an instance of that kind occurring with Professor Rodgers—I never analyzed powders for the purpose of discovering arsenic with that gentleman; but I remember, eleven years ago, I had to give an opinion about his analysis here: I do not remember analyzing; I do not remember an instance in which my tests were objected to, I myself believing them to be correct, and afterwards finding that I was wrong; nothing of that sort, most certainly—I speak of chlorate of potass as a diuretic, and capable of carrying off the arsenic in the urine.

Q. Supposing no foreign agent of that kind to be used in cases of slow poisoning by arsenic or antimony, would you not expect to find traces or deposits in small quantities, more or less, of antimony or arsenic, in the tissues of the body? A. That would depend upon several circumstances—in cases of slow arsenical poisoning, I look, as a general rule, for arsenic in the tissues, and expect to find it—I communicated, by a paper to Mr. Penrhyn, that I had found arsenic in the evacuation; but not to Mr. Buzzard, that I know of—this was while the lady was living, and I judged it was passing from her body—I wrote a letter, I think it was to Dr. Julius or to Mr. Penrhyn—supposing there is no disturbing influence, we expect, as a general rule, in cases of slow arsenical poisoning, to find the actual metal in the tissues—the question was put to me, as to whether chlorate of potass would have any particular effect, and I said it would act as a diuretic, and carry off the arsenic or any mineral matter that might have been administered—before I analyzed this bottle, I had never had any actual experience of the effects of chlorate of potass in carrying off any mineral poison—when I found the chlorate of potass, I did not form this as a theory in my own mind to account for the absence of arsenic in the body, that it had been carried off by means of this diuretic; there are other causes which might lead to that in this particular case; that is not one; it did not enter into my consideration beyond this, that it acts generally as a diuretic; and the question put to me by Mr. Serjeant Ballantine was with regard to mineral matter, or foreign matter, not arsenic—if you look at the depositions; you will see) whether it had not the property of carrying off foreign or metallic matter from the body—that was

the question—I was called in, in the case of Mr. Wooller, who was tried at Durham, for the murder of his wife in 1855, by slow poisoning—I went down by order of the Government—I made myself master of all the details of that case—there was no question there that the poison had been administered; the only question was, by whom—arsenic was discovered in the tissues of that lady's body, and in the liver—it was found in all parts of the body, more or less—I had to examine the liver and intestines—the total quantity I found was a grain—Dr. Richardson, of Durham, found half a grain, and she had taken the poison for seven weeks—I found a grain in the liver and intestines, taken together; that allows for calculation for the whole—there might have been more in the rest of the body, but I cannot say that—that was the whole I found—the liver is the great criterion; it is the great seat of deposition—I did not examine the stomach; it was examined by Dr. Richardson of Durham—I did not see it at all, and know nothing of the state of it from my own knowledge—I heard the evidence of some other gentleman about it (*THE COURT considered that evidence as to this could not be given, not being within the witness's own knowledge*)—As a result of slow arsenical poisoning the stomach might present this appearance, that all the groups of vessels might be gorged with blood, that might be so great as to be almost universal, I mean congestion of the vessels of the stomach—it was so in this case—there might be effused blood under the mucons membrane—there would be a great effusion, undoubtedly—in irritant poisoning there is generally effusion of blood—pustular eruption of the skin is sometimes the result of poisoning by arsenic, but it is not very common—inflammation of the conjunctiva, or lining membrane of the eye, is a frequent consequence of slow arsenical poisoning—it existed in Mrs. Wooller's case—I did not see her living; I only know it as a fact that I heard at the trial—I can state as a matter of science that it is so—inflammation of the conjunctiva is a frequent result of slow poisoning by arsenic—there is an eruption known to science called the *eczema arsenicale*; it has received its name because of its appearance on the skin in the case of slow arsenical poisoning—excoriation of the anus is a symptom in slow arsenical poisoning—great redness of the nostrils, and even ulceration, would be a symptom of slow arsenical poisoning—sometimes the mouth and the lips are excoriated—when the arsenical eruption takes place, it appears on the arms, and sometimes on the face and neck—the arms and hands are the parts generally affected—a hacking cough is a frequent attendant upon slow arsenical poisoning, where there is irritation in the throat,—a mucous discharge any way is always increased by the action of arsenic—I am not acquainted at all with instances of dysentery; I only know about it as a matter of general medical knowledge—I never attended any cases of dysentery—I do not practice or visit patients—my avocations are chiefly in regard to legal medicine—in antimonial poisoning a clammy sweating is chiefly observed where there are not discharges in other directions; where there is not diarrhœa—I have myself stated that that is what I look to as a consequence of antimonial poisoning—supposing the discharge takes place more from the bowels, then there is less from the skin; if the bowels are constipated, then these perspirations occur; still that is a symptom—if the bowels are constipated there will be a clammy skin; but if there is diarrhœa and vomiting, then the fluids pass out in that direction, and I should not expect it—in all cases of antimonial poisoning there is not invariably vomiting; it depends upon the dose—in antimonial poisoning I have recorded instances where there was no vomiting: one instance; but as a rule I expect it from the administration of doses of antimony—I also expect purging generally as a consequence—I believe

that a cold clamminess of the skin would exist, but not a feverish state of the skin—the administration of small doses of antimony would have a tendency to enlarge the liver, and to cause a deposit of fat, and sometimes to soften it; the chief thing is the deposit of fat—small doses of antimony have been found to cause enlargement of the liver and also to cause a deposit of fat on it, and also sometimes to render it brittle—this liver was firm, decidedly—according to my experience, slow poisoning by antimony has not a tendency to soften the liver, but cases are recorded in which it has softened the liver; I believe it depends more upon the amount of fat deposited—I have stated in a book that I have written on this question of antimony, before this case, about a deposit of fat being a consequence of it, and in a remarkable way, that at Strasboursgh they actually give sulphate of antimony in their food to fatten their livers—it has a tendency to soften the liver, to deposit the fat; I stated that in my book in the case of the poisoning of Ann Palmer; in the Guy's Hospital Reports there is a full account of that case.

MR. BODKIN. *Q.* After you had been examined before the Magistrate in the first instance, and had deposed, as we have heard read, to your finding arsenic in the saline draught, did you institute experiments for the purpose of ascertaining the integrity of the copper test, that you had used in your analysis of the evacuation? *A.* I did—Dr. Odling and I had a suspicion that the arsenic might have been an accidental impurity in the chlorate of potass; chlorate of potass is manufactured of sulphuric acid—we took scientific means of correcting our error—we subjected the same copper gauze that we used in the analysis of the evacuation, to certainly seventy-seven different experiments, and that is considerably under the number—in seventy-six there was no arsenic at all; the only one in which arsenic was detected was in the evacuation marked No. 2.

COURT. *Q.* Does the blunder that was made about the bottle and the mixture in it at all affect what you said in your examination-in-chief about the arsenic you found in No. 2? *A.* Not in the slightest degree—it would render it objectionable to employ copper at any time with chlorate of potass in that way, but it does not in the slightest degree affect the inference I have drawn, or the application of the test in the usual way—I have made other experiments since to verify and prove that; and sent some of the copper to professors in Scotland and Ireland to have it tested—I have been engaged in these researches twenty-nine years—I have never met with chlorate of potass in any analysis I ever practised before, and when I do not meet with it the test answers perfectly.

MR. BODKIN. *Q.* If half a grain of copper had been administered to this lady during life, would that not at all by any action of any acid in the stomach, account for the quantity of arsenic found in the evacuation? *A.* Certainly not—I examined two of the copper pills, and could detect no arsenic in them—the circumstances that have been put to me are sometimes present in cases of slow arsenical poisoning; some one or more of them may be found in a particular case—we never have two cases alike in all their symptoms—sometimes we find the irritation in the mouth, and sometimes inflammation of the conjunctiva of the eye; that is not produced by antimony—there is occasionally an irruption of the skin, but it is different to that of arsenic; it is very unusual—I have recorded one or two cases of it—I have stated that the groups of vessels of the stomach might be congested, and that they were so in this case—there was not exactly a sheet of blood, but still the larger vessels at the greater end of the stomach were greatly distended, and there was some small quantity of blood effused in their course.

MR. SERJEANT BALLANTINE. *Q.* Did you examine the four specimens of medicine that you received from Dr. Julius's surgery? *A.* Bismuth, silver, and copper; they were all examined; the acetate of lead also—in ten grains of the sulphate of copper we found distinct traces of arsenic, in two of the pills, separately examined, as representing half a grain of the sulphate of copper, and two of the pills have been examined by Professor Brande, and Dr. Odling, with, I believe, the same result; there was not a quantity to be seen—I apprehend that the ten grains would contain a quantity we could speak to, but the two grains and the half-grain did not—there was none in the bismuth—there was no antimony in any of the medicines.

MR. SERJEANT PARRY. *Q.* How did you examine the bismuth? *A.* By Marsh's process only—I took what would correspond with a full dose of the mixture, and dissolved it in strong hydrochloric acid; I then placed it in a test tube and procured the gas which issued from the action of the zinc on the acid—I applied a test to it—that was by boiling it and applying a cold plate of glass or porcelain to it, and there was not the slightest indication of arsenic—that was the only test I applied—I was satisfied, because I found arsenic in bismuth in using the same process—arsenic is sometimes found in bismuth—it is perfectly efficacious for the detection of arsenic in bismuth, and there was none in the contents of this bottle—I have spoken of a certain quantity of arsenic being found in the evacuations, and a greater quantity of antimony in the body—I ascertained the quantity by subliming a portion in a tube, and estimating the quantity of crystals obtained by comparative tubes of weights of arsenic treated in the same way—the weights I tested it by were the $\frac{1}{100}$ th, the $\frac{1}{70}$ th, $\frac{1}{100}$ ths of a grain—I have materials by which I can easily weigh the 100th part of a grain—I sublimed the quantity in a tube, and kept it as a kind of standard to compare other sublimate with—No. 3 was brought to me—that is included in what I have stated—there was nothing in it.

MR. SERJEANT PARRY to MR. PALMER. *Q.* You were examined yesterday very shortly, I think? *A.* Yes—I did not give my opinion as to the cause of death—I made the post mortem examination with Mr. Barwell—we found the liver enlarged, hardened, and in, I believe, an incipient condition of fatty degeneration—I noticed that it was very much hardened in the left lobe—that might be the effect of continuous bilious irritation.

MR. SERJEANT BALLANTINE. *Q.* I believe you were not present at the time the liver was opened? *A.* No; I simply judged from the external appearance—we thought it best to send them up to Dr. Taylor.

DR. WILLIAM ODLING. I am a physician; a Fellow of the Royal Society, and a Professor of Practical Chemistry at Guy's Hospital—I assisted Dr. Taylor in analysing a portion of the intestines of the deceased—we used Reinsch's test, and Professor Taylor's gauze—I have heard Dr. Taylor's account of antimony being found in the tissues of different parts, I concur in the statement that he has made—I am satisfied that there was antimony present in the body—I also assisted in the analysis of bottle No. 21 with Dr. Taylor's gauze, and came to the same conclusion with him—I also partly assisted in testing a portion of evacuation No. 2 for antimony, but none was found—the result of my examination of the contents of the bottle does not in any way alter the opinion I then formed of the existence of arsenic in the tissues.

COURT. *Q.* You fell into the same mistake, I understand you, as Dr. Taylor did? *A.* Yes; that mistake did not relate to antimony at all—it would leave the results of the probabilities about antimony just where they were.

Q. Does the blunder you made about the bottle that contained the fluid at all break in upon the conclusion that a chemist would form of their being arsenic in any fluid that did not contain the chlorate of potass? *A.* In a case where the copper is not dissolved there is no fallacy whatever in Reinsch's test—unless the copper is dissolved the test is as good notwithstanding; it is the best.

MR. SERJEANT BALLANTINE. *Q.* Have you been present during the whole of the trial, and heard the evidence? *A.* I have—I believe that the death was caused by irritant poison—there is not, to my knowledge, any form of natural disease to which I am able to attribute it.

Cross-examined by MR. GIFFARD. *Q.* Do you attend patients much, or are you principally confined to chemistry? *A.* I do not attend patients now.

WILLIAM THOMAS BRANDE. I was formerly Professor of Chemistry to the Royal Institution, and have been engaged in the practice of chemistry for fifty years—I was required to examine a portion of the liquid that had been in the hands of Dr. Taylor, with a view to ascertain whether, in reality, there was any arsenic in it—I examined a portion of it by Reinsch's test, and a portion by Marsh's test, and the conclusion I arrived at was that there was no arsenic—I have heard of the liquid composed of chlorate of potass; it turns out that that has the effect of dissolving copper—when matters do not contain any substance that does not actually dissolve the copper, Reinsch's test is in all cases an admirable one; in my opinion and judgment it was properly applied to test the intestines and evacuations; and in my opinion the result obtained was a correct one, one upon which I would act.

Cross-examined by MR. SERJEANT PARRY. *Q.* Do all nitrates dissolve copper? *A.* I believe not; some nitrates do—any acid nitrate would act upon copper—several powerful acids act on the copper; I do not know that all do—our object in the first instance was to get rid of the chlorate of potass, or to decompose it, so as to render it inert, which we did; and we then examined the liquid in question, and found no arsenic in it.

COURT. *Q.* But did you examine it by Reinsch's test? *A.* After having destroyed the chlorate of potass we did—I was not aware that the test would be inapplicable to such a compound—if I had applied Reinsch's test to that fluid, and the result appeared as it did to Dr. Taylor and Dr. Odling, I should have come to the same conclusion as Dr. Taylor did, that there was arsenic in the substance—the matter that has appeared since, is to a certain extent new to the chemical world—we have always been aware of the presence of very minute quantities of arsenic in copper, but we have never considered it as interfering in any way, until this particular case.

MR. SERJEANT PARRY. *Q.* Then, until this case, you have had that faith in the copper test that you believed it would never interfere with the accuracy of the test; is that so? *A.* I have—I have not been particular where I got the copper that I am in the habit of using in the laboratory; I have generally got it rolled down from a piece of coin; from a halfpenny, which I considered to be pure enough for the purpose—I applied Marsh's test after I took away the chlorate of potass—I never applied Marsh's test with the chlorate of potass—I should presume there was nothing in the chlorate of potass which would interfere with Marsh's test, but I have not made experiments.

MARY SMITH (re-examined). Dr. Smethurst left my lodging-house on the Saturday, May 12th, I think, it is so in my book, and am not quite aware of its being incorrect—I am sure it was on the Saturday (*Saturday was the 11th*)—I never knew where the prisoner was on the 9th or 10th—I do not remember whether he was at home—I think it was on the 11th that

he made the arrangement to pay for Mrs. Smethurst to remain with me—it was paid on that day fortnight.

MARIAN GRABOUSKA (*re-examined*). Miss Bankes left my house on the 9th, saying that she was going to Clifton; but she did not leave town for two days afterwards—I only know that by a letter.

D. R. CARR (*re-examined*). I served a notice on the prisoner, dated June 29, 1859; it contained a notice that Professor Brande would be called to prove that he had analysed the contents of bottle No. 21, and that in his opinion it did not contain arsenic.

DR. FREDERICK GILDER JULIUS (*re-examined*). I heard the statement made by the prisoner, before the Justices, the first time he was taken before them—no deposition was taken—a charge was made of attempting to poison—his statement was that it was very necessary that he should go back to his wife; that her death might be occasioned by his absence, and that it was imperative that he should go; that everything that had been administered to her had been administered by himself, both of medicine and of food, and that if any metallic substance had been administered, it must have come from my surgery.

MR. SERJEANT PARRY. Q. Did the Magistrates, at that time, direct or require him not to interfere further with the patient? A. I do not think it was addressed to him, but it was addressed generally; it was in his presence—it might have been a general direction, but he might have heard it.

MR. SERJEANT BALLANTINE to DR. TAYLOR. Q. On what day did you discover the antimony? A. On 9th May.

MR. SERJEANT PARRY. Q. In your deposition of 4th May, you mentioned that you expected to find tartar emetic; did you not? A. Arsenic or tartar emetic, that is antimony.

The following witnesses were examined for the Defence.

DR. BENJAMIN WARD RICHARDSON. I am a Doctor of Medicine, and a Licentiate of the College of Physicians; I am also Professor of Physiological and Pathological Anatomy at the Grosvenor School of Medicine; I obtained the Cooper Prize and the Abernethy Prize in 1856; I am also the author of various works upon toxicology, and some upon medical jurisprudence—I have been in court, and heard the description of the symptoms under which the deceased, Miss Isabella Bankes, laboured—those symptoms, in my judgment, are not reconcilable with slow arsenical poisoning; not in the main.

COURT. Q. Or, I suppose, with slow antimonial poisoning? A. No.

MR. GIFFARD. Q. They are not consistent with slow arsenical poisoning? A. No; nor with antimonial poisoning; nor with both together—I will enumerate the symptoms which, in my judgment, are absent in the case of Miss Bankes, if it was a case of slow antimonial poisoning: 1st, inflammation of the conjunctival membrane of the eye—2d, soreness of the nostril; the inner surface of the nostril—3d, a skin disease, peculiar to arsenical poisoning—4th, excoriation, amounting to absolute destruction, possibly, of surface at the orifice of the mucous tracks, the mouth, the anus, the vagina, and the lips—and, lastly and most importantly, above all, the entire absence of the peculiar nervous symptoms which characterize arsenical poisoning—the nervous symptoms I should expect to find would be frequent convulsions of a violent kind, in many cases; or, in others, where the symptoms may be prolonged, tremor of the whole of the limbs, a suppressed convulsion, in fact—although I might not find all these symptoms in every

case of arsenical poisoning, I believe it quite impossible that a case of arsenical poisoning could exist from which they would all be absent.

COURT. *Q.* You say the result of the post mortem examination, taken altogether, is not, in your judgment, consistent with arsenical poisoning? *A.* No; the inconsistency consists in this, that the inflammation which would establish arsenical poisoning was most demonstrated in that part which is ordinarily most free in arsenical poisoning; the inflammatory mischief was more developed in that part of the alimentary canal which is usually most free from mischief in arsenical poisoning—in chronic arsenical poisoning, the organ mainly affected is the stomach at first, while the large intestines, not unfrequently, are much less affected, excepting the rectum, the termination of the large intestine, which is affected frequently in arsenical poisoning—I put the cœcum among the large intestines; it might be a point raised whether the cœcum is not independent both of the large and small intestines; it was originally looked upon as a second stomach, but it is ordinarily included amongst the large intestines—I know that the cœcum is very large in the rabbit, so as to give the appearance almost of a second stomach; it had just escaped me, but I believe it is very large—in chronic arsenical poisoning, the organs mainly affected, are the stomach and the large intestines, except the rectum—the small intestines are ordinarily affected.

MR. GIFFARD. *Q.* In your judgment is it possible for a person to be poisoned by slow arsenical poisoning without arsenic being afterwards found in the tissues? *A.* In my judgment it is quite impossible—it would make no difference whether the arsenic was introduced by the mouth or by any other means, or whether it was introduced in combination with any other substance—I have made experiments upon the subject and have my notes; the first experiment commenced on 20th May, this year, with regard to arsenic—in the first instance my experiments were made without any reference to the prisoner, or any communication with him or his friends, but as a matter of science, after reading Dr. Taylor's account in the newspaper—I made them in conjunction with Dr. Webb, and I may add, that every experiment I made he has witnessed, and the majority also in conjunction with Dr. Thudichum—I took a large dog, and made a mixture of arsenic and chlorate of potassa; I gave it daily, arsenious acid and chlorate of potassa; I gave the chlorate in such excess as to insure a diuretic action—I gave it 16 days, giving small doses each day of the two, three times daily, with food, I gave 18 grains of arsenic; the full amount of 18 grains of arsenious acid and 365 of the chlorate of potass.

COURT. *Q.* How much did you give each time? *A.* About one-third of a grain for a dose, as near as possible, from one-third to one-fourth, and with a scruple of the potassa upon an average, but it varied a little; when the animal was ill it would not take its food; sometimes it refused its food, and then I had to vary the dose a little; I then killed the animal and made a post mortem and chemical analysis in conjunction with Dr. Thudichum and Dr. Webb—I found arsenic in the liver, in the lungs, in the heart, a trace in the spleen and in the kidneys, but by far the greater part in the liver. *Q.* That is what you would have expected to find if you went on feeding it and giving it arsenic, and then killed it suddenly and made the examination? *A.* It was a question whether chlorate would eliminate it; that was what I was aiming at; that was the chief object of the experiment, to show that chlorate of potassa does not eliminate it, that is the whole value of that special experiment chemically; I

would add that there was intense inflammation in the stomach of that dog, and in the lower part of the alimentary canal intense ulceration; the alimentary canal of a dog generally resembles the human—arsenious acid is what is ordinarily called arsenic; it is the white arsenic—I administered arsenic, the metal—when they talk of a grain of arsenic, they do not mean a grain of the metal, they mean a grain of white arsenious acid—I cannot say how much arsenic I found altogether, but there was abundant evidence of very fine mirrors of arsenic on glass—I will not venture to say that I found half a grain, or a grain; I could not venture to give that kind of evidence at all which was not determined absolutely by the balance—I did not take it for the purpose of making a quantitative analysis at all.

Q. Give me leave to say the value of the experiment is nothing if you give a dog arsenic day by day for 16 days, and then it is killed, and some arsenic is found left in it; is that all it proves? A. No; it was done to prove whether after arsenic had been given in small quantities with an overwhelming portion of chlorate of potassa, the chlorate would eliminate the arsenic as fast as it was introduced—I left twelve hours between the interval of the last dose and the destruction of the dog, which was purged and was sick in the meantime—I did not examine the motions, I did the urine, and found arsenic in it—I think I could really venture to say that I found one-fourth of a grain in the body, but, with your Lordship's permission, I would rather put it in this way; that if in the case of supposed death from arsenic I found as much arsenic as I found in the tissues of that animal, I should have no doubt about connecting the case with arsenical poisoning.

Q. All that the experiment proves is, that chlorate of potassa does not eliminate the whole of the arsenic, because it eliminated all but half a grain? A. But if there had been no chlorate of potassa given, as I shall show by a future experiment, the result would have been the same; the chlorate made no difference—I had given 18 grains in 16 days, and there was some arsenic left, but what I cannot say, in the tissues I examined—I examined a limited portion of the body; I think I could from that say that there was in the whole body half a grain, but what I meant was the amount of arsenic that came before me—I could not form any opinion how much was left in the whole animal; there were no data to guide me to such an opinion, not even whether there was a grain or half a grain; my attention was at that time directed to a supposed discovery of a mixture of chlorate of potass and arsenic in this case; I afterwards took two other dogs, and placed them under the same conditions, I mean living in the same way and fed with the same food, in the same way and gave the same quantity of arsenic, one had antimony and one had arsenic on alternate days; one with, and one without chlorate of potass, that animal died in eleven days; it had two and a quarter grains of antimony; I gave it three doses a day; that would be little less than one-third of a grain in each dose; the other dog was started at the same time, June 15th; it was commenced with the same day and continued in the same way, with alternate doses of arsenic and antimony—that third of a grain applies both to arsenic and antimony; this dog had chlorate of potassa besides; it had three grains with each dose—it died the morning after the other, on the twelfth day from the commencement of the experiment—the object of these experiments was to compare the effect of having the chlorate of potassa and the not having it, and it made no difference, either as regards symptoms, pathology, or the chemical result—I collected the urine of the dog that was taking no chlorate of potass, and found arsenic in that also, as well as in the other, during the time.

MR. GIFFARD. Q. In cases of arsenical poisoning does the arsenic always

pass away to some extent by the urine? *A.* Always—the symptoms detailed as having taken place in the case of Miss Bankes are not altogether reconcilable with slow poisoning by antimony, not taking them altogether; sweating would be one of the symptoms in a case of slow antimonial poisoning, profuse sweating, especially in the early stage of the process—a kind of pustular eruption is also a symptom—I have seen it in one case, and it is frequent.

COURT. *Q.* You have seen it in one case? *A.* Yes; where antimony was given in excess; that was not a fatal case, it was where antimony was continued for a long time and in large doses—it was virtually a case of poisoning, but it was given properly as a medicine—the pustular eruption appeared in consequence of the excess of the antimony; it was given in moderately large doses; the doses were one-third of a grain of the tartar emetic every four hours—I have seen no other case where the poison acted slowly, but I have seen two cases of acute poisoning by antimony, neither of them fatal—they had not pustular eruption; the attack was not long enough—I have seen no other cases of slow poisoning.

MR. GIFFARD. *Q.* As a matter of medical science and reading, would you expect to find those two symptoms, sweating and pustular eruption? *A.* They have been very commonly noticed in cases of this kind—I can only speak of the effects of antimony on the liver from experiments I made in 1856-7; it was a series of experiments that I performed on animals—there are really no data upon which to form a judgment of the effect of antimony on the human liver—it has been found softened—there is nothing of this sort recorded in any medical book that the profession at large can refer to; the evidence is exceedingly scanty—there have been so few cases of chronic antimonial poisoning carefully recorded—the liver is very imperfectly noticed in the best case of the kind, that is McMullen's case—there is a reference to it in Dr. Taylor's book—I hope I am quite understanding the questions; I am speaking only of chronic cases, where the antimony has been given over a long time; the case in question is what I should call a chronic case—in a case of slow antimonial poisoning I should expect an effect on the lungs, congestion possibly, from the great fluidity of the blood, which exists always in antimonial poisoning—I have no experience of that fact in the human subject, only on animals—if antimony were exhibited in small doses, I should expect to find it on analysis in the liver; that is from experiments on animals, and from experiments that have been made on the human subject, from what I have read, and from experiments—I heard Dr. Taylor examined—the liver is the great depôt both for arsenic and antimony—I have not had very much experience of dysentery—I have seen a few cases; I can scarcely recollect how many; perhaps two or three in this country—I have suffered from it myself—the word dysentery is of very general import or construction; it is used very loosely—I should prefer to take Dr. Abercrombie's definition of it; he being the greatest writer on the subject, both of the acute forms and the chronic—my description of it would be a disease marked by purging, the matters thrown off by the bowels being tinged with blood, or mucus, or bile, not always the same in each case, but ordinarily, and marked definitely, occasionally or always, with blood, sometimes with shreds of membrane, taking on a form of dysentery, which I believe has been called, by the German school, diphtheretic dysentery, more recently; attended not unfrequently with vomiting, intense thirst in proportion to the purging and vomiting; in fact, in proportion to the loss of fluid sustained by the body, and attended with great prostration and sinking—fatal cases of dysentery

are by no means uncommon in this country, if we take the mass of cases—the dysentery I have described, if carried to an extreme extent, would have the effect of injecting the cœcum, and effusing it with black patches—I have never in my own experience met with a case of dysentery in the early stage of pregnancy—I have seen diarrhœa and vomiting.

Q. Having heard the description of the liver, as examined after death, in your judgment would Isabella Bankes have been a likely subject for dysentery? *A.* I think so; dysentery sometimes comes on of its own accord.

Q. You tell me that, having heard the description of her liver, you think she would be a probable subject of dysentery; I ask you whether, having heard that she was liable to nausea and frequent sickness, that would confirm or alter your view that she was a favourable subject for dysentery?

A. So far, that it would point out that she was a favourable subject for disease of the liver—I mentioned that I had seen one case of diarrhœa in early pregnancy—I know, apart from my own experience, that diarrhœa and sickness are met with in pregnancy—persons in the family-way are subject to diarrhœa as well as other people—I have met with one instance of diarrhœa and vomiting as a consequence of pregnancy, arising from it—that was between the third and fourth month—I never met with it between the fifth and seventh week—the sickness and vomiting of pregnancy ordinarily increases, then decreases, and sometimes increases again—the earlier stages are those in which it is the most violent ordinarily—sickness is sometimes the very first indication of pregnancy—if a person were subject to bilious attacks I should consider them predisposed to irritation of the mucous membrane from any cause—I have analysed the ordinary drug, trisnitrate of bismuth, which is the form of bismuth usually administered in medicine, and every specimen of bismuth in London that I have examined contained arsenic—I have not made a quantitative analysis—as a matter of medical science, I am aware that arsenic is generally found in bismuth; the quantity varies very materially—the largest quantity that I am acquainted with is very nearly half a grain to the ounce; there are 480 grains in an ounce—I examined but one specimen myself, but I saw ten—the specimen that I examined came from Squire and McCulloch's—I have a patient to whom I have given bismuth as a medicine—I analysed the urine of that patient.

COURT. Q. How much did you give? *A.* Five grains of bismuth three times a day, from Tuesday morning till Sunday night, six days; that would be 90 grains—the urine passed on the seventh morning was subjected to analysis—I did it with Dr. Thudichum and Dr. Webb, and found arsenic—I could not give the quantity; it was a distinct evidence, a good metallic mirror in the tube, but I would not say that there was the fiftieth part of a grain represented—the medicine was commenced on July 26th this year (*looking at a book*), and continued to Sunday, the 31st, but I did not put the termination—it was for dyspepsia, a form of disease I frequently give bismuth for.

Cross-examined by MR. SERJEANT BALLANTINE. Q. Was it tried for this case? *A.* He being under bismuth I collected the urine; I did not find bismuth as well as arsenic—I used all the urine: and it would not have been chemically very easy to discover it—to work for the two is not so easy—I did not work to ascertain whether bismuth and arsenic passed—I did not doubt whether I should find both in the evacuation; it is quite impossible to say, because I never tried—I began the experiments on the dogs on the 26th May—it was a philosophical inquiry of mine, entirely; to ascertain whether the chlorate would pass off the arsenic—I had read the report of the examination before the Magistrate—I had read Dr. Taylor's

evidence carefully through, and then I got a dog to try it—the experiments on the other dogs were a continuation—I did not communicate the result of those experiments to Dr. Smethurst or to anybody—Mr. Humphreys, the solicitor for the defence, called on me and asked me, not in reference to the experiments, but as a scientific man, some particulars, without knowing I had been antimooning the dogs or giving the arsenic—it was not done so that it might come round to Mr. Humphreys' ears—I had communicated it to two or three of my fellow lecturers at the Grosvenor School; that is what was called St. George's School in Palmer's trial—it is the school established by Mr. Lane; and in order to distinguish it from the hospital, it is called the Grosvenor School—Mr. Lane has nothing to do with it now—I have not the slightest knowledge how it was that Mr. Humphreys called on me—I was not quite surprised—the experiments I made in 1856 were likewise to discover arsenic; they were not for the purpose of Palmer's trial; they were both before and after the trial—I did not mention them in that case at all—I was a witness in that case—I did not come to prove that the death was caused by angina pectoris; I gave evidence about it.

Q. In that case the imputation being, death by strychnine, you came to prove that it was angina pectoris? *A.* That it might be angina pectoris; I did not say that it was—I gave a case that was caused by it, and which was analogous to the man Cook's case.

Q. Were you not asked "Are the symptoms described in the evidence more like the symptoms of angina pectoris," and was not your answer, "Speaking scientifically, I should say that the person suffering under them was more likely to be labouring under angina pectoris." *A.* I cannot answer whether those were my words or not; it is not the effect of them, not if the case was put correctly—I in no way endorsed the theory of angina pectoris—I gave it on the trial of Palmer, who, it was said, poisoned a person by strychnia, but I gave no negative opinion about strychnia, it was affirmative all through that it was analogous to Cook's case, and that Cook's symptoms might be taken for what I had seen—I gave the opinion from a case of my own, that the death of Cook might be from angina pectoris—I did not say that the symptoms were more likely.

Q. Did not you say they were more like it than death by poisoning?—did not this pass: "Do I understand you to say that, in your opinion, it was a case of angina pectoris?" "I do; it accords with all the descriptions of angina pectoris by the best authorities." And did you not then quote Latham, Watson, Bolleau, Sir Everard Holme, and Ridge? *A.* Latham I quoted; that is, Latham on diseases of the heart, in 2 vols; but I quoted more than are there—the weight of what I said rested on a case that I had seen—my opinion was founded on experiments mainly, and on the best authorities—I do not dispute, in point of fact, that I went to support the theory of angina pectoris—I have not given evidence in other criminal cases; only before coroners' juries, not on trials for murder—I have given evidence eight or nine times before coroners; I cannot recall it at the moment; I have been neither on the part of prosecution or of the accused; they were cases where an accident had occurred, and I had seen the patient before or after death; there has been no prosecution—I have not been a scientific witness in any case except Palmer's; I was consulted on one criminal case, and gave an opinion, but was not called—on the 26th I got a large dog; I gave him 18 grains of arsenic in 16 days; I do not know how much came out, but a considerable quantity would be eliminated; the dog was kept tied up, or he would not have stayed; the arsenic was put in his food as long as he would take it; the fact is, he was made to take it, because if he did not he was

left without it; he took it very well—he took it in milk very frequently—the chlorate of potassa was made into a solution with the arsenic—he did not take the arsenic in milk, and the chlorate of potassa sometimes in milk and sometimes in something else—I mixed the two together first, in a solution, and it was put into milk sometimes, and sometimes it was mixed with chopped meat—I dissolved the chlorate of potassa by putting it into water, and to make sure of dissolution of the arsenious acid, I boiled it, and let it cool—I looked at the urine—the arsenic would go off by means of the chlorate of potassa—I did not examine the urine in either experiment, to ascertain the amount of arsenic eliminated—no part of my chemical analysis was quantitative—I did not once very nearly poison a patient myself with antimony—it was not a patient of mine, nor a friend's patient—it was many years ago—I think it was in 1848—I saw the case with a medical man—the patient did not die.

Q. I am alluding to a case in which you gave 15 minims to a stout, active, well built man, who asked you to prescribe, and to be careful (*reading from the Lancet*) “There was no mistake in the dose; the dose was taken, and from its result I lost caste with the patient for some time. I admit that the results were severe, and such as no medical man would expect from such a dose. There was no purging, but abdominal pain and griping.” Is that your description? A. I beg pardon; you are referring to another case—I am not prepared at this moment to say how much actual antimony there would be in the sixteenth of a grain; it would be from the one-eighth to the one-sixteenth of a grain; from the one-twelfth to the one-sixteenth of tartar emetic—all these serious results were produced on a fine healthy subject—it surprised me exceedingly.

Q. I suppose after that you would not like to pledge yourself for the operation of antimony on the human subject; to give any opinion of the results to be produced? A. As a general thing I could—this was a stout active man; if it was a woman, who was not prepared to receive it, it would make no difference—frequently feeble persons bear it very well—sometimes it causes purging, and sometimes, in cases of antimonial poisoning, it causes costiveness—there are not sufficient cases to prove that it more frequently causes purging—it causes sickness and heat in the throat—it would depend entirely upon the general history of the case; but if immediately after taking medicine, heat is felt from the mouth, through the body, to the anus, through the whole intestinal canal, that would be in accordance with a large dose of copper—that would also be caused by other substances; but arsenic, immediately after taking, does not produce pain, nor does antimony immediately afterwards, not as it is taken—I do not think a sulphate of copper pill, with a quarter of a grain in it, would produce a burning sensation from the mouth to the anus—I have never prescribed it—any irritant poison given for a long time would produce that effect unquestionably—if a person had been kept under the influence of irritant poison two or three weeks, and a further dose of irritant poison was given, the effect would continue—if the irritant poison had been administered from time to time, in small doses, for three or four weeks, and a larger dose than usual was administered, it would produce purging, and it might produce a burning sensation through the whole intestinal canal—I would not say it would do that always—supposing a person to be suffering from violent irritation, however caused, of the intestines, there are medicines that could be properly given, that would produce such an effect—I believe the whole class of metallic medicines would produce that effect.

Q. You have already told me that the quarter of a grain of sulphate of copper pill would not? A. But I am assuming a healthy person—I did say that in a healthy person the effect would not be immediate, but would only be the result of a continuation; but that was with regard to arsenic and antimony—I agree that arsenic and antimony, given for a long time, would produce those symptoms to which I have referred—I would not say that the symptoms would not be brought on at once by arsenic or antimony administered for the first time—arsenic would produce it, especially as compared with antimony—I have never in my experience met with or heard of a case in which antimony and arsenic were used, each of them occasionally, on the human subject—the tests applied to the discovery of poison are not confined to cases where there has been only one poison used, but the majority of cases would be those in which only one poison was used—almost all the cases in which medical men have experience, are cases of one poison only—when I speak of dysentery, I do not speak of the Eastern form, not of tropical dysentery, but of the disease of this country—I have been speaking to you of what is known in medical science as acute dysentery—acute dysentery and Eastern dysentery are not necessarily terms used for the same disease—acute dysentery does not mean the dysentery of hot climates—there is a form of disease which in some districts differs from the dysentery of hot climates—I have never seen a body opened which died of any form of dysentery—the dysentery I speak of may occur in this country, either from a specific poison, or from disease of the intestines—I have never met with a form of dysentery which I supposed to be epidemic, or arising from the taking in of a poison—the form of dysentery which I should think a lady, with a liver like Miss Bankes, would be subject to, would be the form of sub acute dysentery; not dysentery arising from poison, but which is prolonged over a very considerable period—I do not mean chronic dysentery, but sub acute dysentery; something between acute and chronic, but too severe to be strictly chronic—that would not harden the coats of the stomach—it would produce a great deal of mischief in the bowels—it would not thicken them, but it would lead probably to a deposit of false membrane—it would not harden them, but a false membrane would—if there was very great congestion, the wall would be thicker.

Adjourned.

Thursday, August 18th, 1859.

DR. BENJAMIN WARD RICHARDSON (*cross-examination continued*). If considerable rigidity of muscle is found upon a person after death, it indicates natural post mortem rigidity—I should not attribute it to any spasm during life, I should not think that—supposing the hands and the feet were inverted and rigid, it would be consistent with natural or other causes—it is not the result of spasm during life—spasm attends dysentery, and also cases of poison, slow or otherwise—I made antimonial experiments in 1856—this was not with a view of being a witness in relation to some antimony matters in Palmer's trial—I was not to be a witness either in Cook's case or Palmer's wife's case—the appearance of the lady, in this case, indicated that she was a likely subject to dysentery—the liver was hard and large—I assume that it was indurated and speckled—a healthy liver ought not to be speckled—a liver in health is never speckled, the fat on the liver forms a basis of my opinion that there had been a chronic disease of the liver—I do not think antimony would cause that—my experiments upon dogs teach me that it would not; not experiments on the human subject—I was an accoucheur, but ceased to practice as such in 1854—I am of opinion that sickness, accompanied with dysenteric diarrhoea, in the early stage of pregnancy might

have been the cause of all the appearances that were exhibited in this case ; sickness from pregnancy alone would not produce them—diarrhœa is sometimes an incident of, and caused by pregnancy ; it is not usual—the opposite effect, constipation, is not more usual—I connect the sickness in a pregnant woman with the diarrhœa, and the diarrhœa with the pregnancy, arising from sympathetic irritation excited by the pregnancy.

MR. SERJEANT PARRY. Q. Did you give evidence in Palmer's case, at the request of Mr. Serjeant Shee? A. I did—I did not receive any remuneration for the evidence I gave ; I refused it—the questions asked me on that occasion about angina pectoris were asked of me by the Attorney-General—I confined myself, at that trial, to a statement of the causes of angina pectoris, and the symptoms with which I was practically acquainted ; I conscientiously and truly described those symptoms—I was once in practice as a general practitioner, and then I gave evidence before the Coroner, where I was called in by the Coroner to give evidence, as to the accident or cause of death—I had nothing further to do with the cases, directly or indirectly ; I was summoned in all of them to give evidence—the burning sensation in the intestinal canal, and violent diarrhœa, and violent vomiting, are symptoms of irritant poison, but they are as well symptoms in cases of natural disease, such as violent dysentery—in cases of natural disease, where very great acidity is generated, that sensation of burning will be caused—if a dose of a quarter of a grain of sulphate of copper were administered to a patient it would not produce either violent vomiting, or violent purging, or burning sensation in the intestinal canal, but if the patient had been suffering from violent irritation of the intestines, arising either from natural or mechanical causes, the administration of sulphate of copper would have a tendency to increase that irritation—from my general knowledge, I know of cases of diarrhœa, vomiting, and burning sensation from pregnancy—I have known one case myself of diarrhœa and vomiting during pregnancy ; I have not known any case, within my own experience, of diarrhœa, vomiting, and burning sensation—I am acquainted, by my reading, with cases in which, in the early stage of pregnancy, a woman of from 40 to 45 years of age has suffered from burning sensation in the intestinal canal, and where there has been ulceration of the fauces and aphthous spots on the tongue—it may occur during the early period ; it may occur at any period—experiments on dogs and the lower animals have been made by the greatest toxicologists with reference to the effects of poison on the human frame ; they are reported in all great works on toxicology ; they form the great bulk of scientific knowledge in Europe upon the subject of poisons, and their operation on the human frame—I know of but one pure case recorded of slow antimonial poisoning ; I know of but three in which the slow administration of antimony was said to have led to death—the materials for forming a judgment of the effects of slow antimonial poisoning upon the human system are very bare, as far as actual cases of poisoning human bodies has gone—I made experiments on animals in 1856 ; they had nothing to do with Palmer's case ; there is not the slightest foundation for such a suggestion—after my cross-examination, and my attention having been called to all the points deemed important, I still adhere to my opinion that the deceased lady may have died from natural causes.

DR. JULIAN EDWARD DISBROWE RODGERS. I was a professor of chemistry for 17 years, at the Old St. George's School of Medicine, which I resigned on my appointment to Knowle College—I am a registered Doctor of Medicine—I am not now properly engaged—I left the St. George's School about two years ago—I was examined as a witness on Palmer's trial—I am acquainted, by

my reading, with the effects of slow poisoning by arsenic upon the human body—I know a drug or chemical mineral called chlorate of potass—I am constantly called upon by Coroners to make chemical analyses of the contents of human bodies—I think I have the greater number of cases in London—chlorate of potass is in itself a perfectly innocent salt—I do not think that, supposing small doses of arsenic or of antimony were administered to the human subject, either in chlorate of potass, or chlorate of potass eotemporaneously administered, the action of the chlorate of potass would have the slightest effect in eliminating the poison from the system; if it did so, you would have no poison—if chlorate of potass was removing poison from the system as it was given, the poison would not have time to act as such; and consequently, it would be a kind of antidote; it would be administering poison with an antidote at the same time; that is, if it would eliminate it, but I do not think it would—I have made experiments—I have given chlorate of potass with both antimony, and antimony and arsenic, and arsenic alone, and I have found just the same amount of poison in the animals as though there had been no such mixture given as chlorate of potass—I believe that chlorate of potass is a perfectly harmless agent—it is largely prescribed by many practitioners, and used as a wash for sweetening the mouth—if arsenic or antimony were given in small doses to a human patient for a period extending over four or five weeks, I should, as a matter of chemical science, or as a matter of general science, medical or chemical, expect to find arsenic in the tissues, and antimony also, particularly in the liver; the liver is the great criterion—in a case of alleged arsenical or antimonial poisoning, the absence of the poison from the liver would cause me to doubt whether the allegation was correct—I should expect to find either arsenic or antimony under such circumstances in the kidneys and in the spleen as well; their absence would be a strong element in favour of that opinion—if I found poison in the blood, I should expect to find it in the tissues and everywhere; but if I found it in the liver, I should not necessarily expect to find it in sufficient quantities to determine its presence in the blood; it might be in the blood, but not in sufficient percentage, if I may so say—I do not believe it is possible to find traces of antimony in the blood without also finding it deposited in the liver—the blood in the heart must be regarded as a sample of the whole 28 lbs. or so that is circulating in the system: if you find it there in one small portion, you must find it wherever blood flows—in a case of alleged slow metallic poisoning, the absence of the poison from the tissues would raise the greatest doubt as to poison being the cause of death—my experience has been confined rather to chemical than medical researches—I have some medical knowledge, but I have not devoted myself to medical science or the pathology of diseases—I am a surgeon and apothecary—I have practised medicine—my speciality is toxicology and chemistry, not pathology—I am acquainted with the fact that the bismuth generally exhibited contains arsenic—I have in my pocket a quantity obtained from about six doses (*producing some*)—by another analysis I found upwards of half a grain in an ounce of bismuth—an ounce is 480 grains—I think Marsh's test for discovering arsenic in bismuth is not a correct one to have used, for I have failed to find it by that process, when I have found it by another of my own—I heard Dr. Taylor state that he used Marsh's test, and I would state, that in the way he performed the experiment there may have been arsenic there, and he not find it—the object of Marsh's test is to get stains of that character, by a flame on the porcelain—if you have a very minute quantity, you have a very slight stain; for instance, on this piece of porcelain (*producing a piece*), that was produced

by arsenic ; but if the test had been made with a piece of glass of this description (*exhibiting a piece of glass*), this, not having a white ground, would not show the stain, which the white would—as Dr. Taylor made his experiment with a piece of glass, I say that arsenic might have been in the bismuth, and yet not be found by that experiment.

COURT. Q. Is half a grain the largest quantity you ever found in an ounce ? A. I have never made the estimation before as to quantity, but I have had specimens that I have obtained such quantities from, that I should infer it would be larger—in that specimen the quantity I found was such as to make it improper to use bismuth as a medicine—I think that the state of bismuth in the medical market is not generally such that it is improper to use it as a medicine, only in some specimens—bismuth is frequently prescribed by physicians in cases where it would appear proper ; and it has done injury instead of producing benefit ; and I have very little doubt that that has been from arsenic there, and not from any fault in bismuth as a remedy.

MR. SERJEANT PARRY. Q. Have you examined grey powder ? A. No, but I am aware it is frequently impure ; I know, as a matter of knowledge in my profession, that it frequently contains antimony—commercial mercury is used, and it is often impure ; whatever would be in the mercury would be in the grey powder ; I do not remember in what proportion, but I should think more than the arsenic I found in the bismuth—this I know more from what I have heard and ascertained, than from what I know from my own personal experiments—antimony is used in several medicines—if any traces of antimony were found in a body, the greatest caution should be used as regards attributing such traces to actual improper administration, owing to the circumstance that it is contained in a great many medicines that are innocently taken ; in James's powder, for instance, and in a substitute for that, called antimonial powder ; and then there is tartar emetic, and antimonial wine—in a case of actual slow arsenical poisoning I should expect to find the smaller intestines greatly injected and ulcerated in parts—I have not seen a case of slow arsenical poisoning or any slow poisoning ; they are very rare—I have seen cases of rapid poisoning by large doses of arsenic, but not by antimony ; four days is the longest time that I have personally known—from my knowledge of the effects of mineral poison, such as arsenic or antimony, upon the mucous membrane and the lining of the intestines, I should expect to find, in a case of slow arsenical poisoning, the stomach and the small intestines greatly injected and effused with blood, and ulcerated in parts ; the absence of those appearances would make me hesitate in attributing the death to slow poisoning ; I should expect to see the conjunctival membrane of the eye suffused and injected and red ; that is considered almost a specific result of slow arsenical poisoning ; my attention would be immediately directed to the lining membrane of the eye—I am aware that there is an arsenical eruption called *eczema arsenicale* ; I should, from my reading, expect to find such eruption on the arms and shoulders in a case of slow arsenical poisoning—the lining membrane of the nostrils would be affected by arsenical poisoning—excoriation of the anus has also been observed, and all the orifices of the mucous tracks would be so—I should expect in a case of slow poisoning by antimony to observe as a symptom, whilst the poison was being administered over three or four weeks, a clammy perspiration of the body, a sort of deathly coldness ; I may speak from my own experience there, for I have found antimony acting most injuriously upon persons—I should expect from the record of such things given by Dr. Taylor, and also from my experiments on animals, that in a case of small doses of antimony chronically administered, the liver would be softened—a great

bulk, by far the greater portion of toxicological knowledge, that is a knowledge of the effects of poisons on the human frame, is derived from experiments on the lower animals—the cases of poisoning of human beings where opportunities for observation have been offered are very rare—it is the practice of the greatest toxicologists, both here and on the Continent, to make these experiments continually; and they are recorded in the greatest works on medical science; many are referred to in Dr. Taylor's own book; they are in Christison, and in Orfila, the great French toxicologist.

Cross-examined by MR. SERJEANT BALLANTINE. *Q.* Is the St. George's School what is called the Grosvenor School? *A.* It is; it was the first school connected with St. George's—I appeared in Palmer's case, to prove that strychnia may be found in a body if once the patient has taken strychnia—I appeared for the defence; I gave evidence that no strychnia appeared; that it must be found if the party died of that poison; that is decidedly the case—I had practised on animals for the purpose of coming to a conclusion, not exactly for Palmer's case; but Dr. Taylor had made a statement that it could not be detected, and I, being constantly consulted upon these matters, was anxious to determine whether that was the case or not; I have done so on this occasion; another gentleman from the Grosvenor School (Dr. Richardson) was also a witness then—if it is well ascertained that in an evacuation there is one-sixth of a grain of arsenic, I could form an opinion of how much arsenic had been in the body; if in an evacuation I separated the one-sixth of a grain of arsenic, I should be convinced that there was a large quantity remaining in the stomach somewhere or other.

MR. SERJEANT PARRY. *Q.* How long have you ceased to be connected with the Grosvenor School? *A.* About two years—the Grosvenor School has been established about thirty years; it is a laboratory where chemical experiments are constantly being made; the Governors of St. George's Hospital would not allow an anatomical school to be attached to it, and it was established, by Mr. Lane, some thirty years ago—it is a separate school of medicine, not connected with St. George's Hospital—if I did not find any arsenic in a body from which an evacuation containing one-sixth of a grain of arsenic came, it would lead me to doubt whether the experiment had been correct or not—I do not think it a wise thing to use a piece of untested copper to make an experiment with upon such an evacuation, nor a piece of copper wire; I always used pure electrotyped copper for experiments—there is a means known to skilled persons who make experiments of this kind, by which the copper they use may be perfectly pure and free from doubt—when a man's life is to be brought into question, unless the copper be perfectly pure and free from doubt, it is a most dangerous experiment to make as regards the ascertaining the existence of poison; to use untested copper leads to error—at the trial of Palmer, and with reference to strychnia, I confined my evidence to the statement of what I believed to be a chemical fact, viz., that if strychnia had been administered while living, and had caused death, it ought to have been found in the body; that is still my opinion, and I am not singular in that opinion.

DR. JOHN LEWIS WILLIAM THUDICHUM. I am a Doctor of Medicine and Lecturer on Practical and Experimental Chemistry—I was a pupil of Professor Liebig—I also carried on chemical inquiries and investigations at the laboratory at Heidelberg, and received the great Prussian medal—I have heard the evidence in relation to the symptoms exhibited by Isabella Bankes, also the treatment and the post-mortem examination—in my judgment her death is compatible with natural causes—I have met with instances of pregnancy, with diarrhoea combined, though in early stages of pregnancy only; but I

know that such cases occur in all stages of pregnancy—in addition to the circumstance of pregnancy I should attribute the death of Isabella Bankes to diptheretic dysentery ; I believe the term “diptheretic” dysentery is known everywhere ; the name of diptherites has been common these twenty years—taking the symptoms altogether, they are incompatible with slow arsenical poisoning ; they are also incompatible with slow antimonial poisoning—in my judgment, the administration of chlorate of potass, either in slow arsenical or antimonial poisoning, would not modify the symptoms so as to make her death reconcilable with either—in cases of slow arsenical poisoning I should expect to find the stomach ulcerated—I quite concur in what Dr. Richardson and Dr. Rodgers have said upon the pathology that they would expect to find in the case of slow arsenical or antimonial poisoning—in either case I should expect to find the arsenic or the antimony, as the case might be, in the tissues after death.

Cross-examined by Mr. SERJEANT BALLANTINE. Q. I want to understand the meaning of the terms diptheretic dysentery : we have heard a species of dysentery spoken of as prevalent in the East, is that the kind you mean ? A. No ; I speak of dysentery occurring in Europe, and in this country—I do not speak of a form of dysentery originally arising from a bowel complaint and continuing until it becomes diptheretic ; I speak of a specific form of dysentery called diptheretic dysentery,

COURT. Q. Have you ever seen it in this country ? A. I have.

MR. SERJEANT BALLANTINE. Q. Have you ever seen the body opened of a person who died of it ? A. I have not—I have seen it in London—the case occurred in the New-road, near St. Pancras Church, in a private dwelling—it was when I was physician to the St. Pancras' Dispensary—it may be three years ago—I have also seen another case ; it occurred in Bloomsbury—one case died—the body was opened in that case—I have only just recollected it—that was the case in Bloomsbury—I opened the body myself ; nobody assisted me in the post mortem examination—that case occurred in Stratton-street, Bloomsbury—I found that there was a false membrane.

COURT. Q. Was that throughout the intestines ? A. No ; merely in the large intestines—that is why it is called diptheretic—there are several forms of dysentery, and that is one of them, well established in science—there is an account of it in some medical work—I am not aware whether it is mentioned in Dr. Watson's book, I have not read it—it is mentioned in Rokitansky's Morbid Anatomy, which is well known in this country—I do not know Cooper's Medical Dictionary, or Copland's Medical Dictionary—I have not read Dr. Hooper's Vade Mecum ; I do not read such books ; they are merely compilations.

Q. Can you mention any book in which one is likely to meet with it in the library of a medical gentleman with a reasonable library ? A. I am sure that you would find it in Rokitansky's Morbid Anatomy, which would be found in the library of any gentleman of scientific acquirements ; there is a translation of it published by a Society—diptheretic dysentery is mentioned in it—I pledge myself to that, that it is mentioned under that term in Rokitansky's Morbid Anatomy—in the cases I have alluded to I had observed shreddy matters of membrane pass during life, and I found a false membrane—I believe one of the cases lasted fifteen days, and the other very much longer ; I dare say thirty-six or forty days—the one that died was somewhere about sixteen or seventeen days.

MR. SERJEANT BALLANTINE. Q. Where are you lecturer on chemistry ? A. At the Grosvenor-place School of Medicine.

MR. GIFFARD. *Q.* Are you a German by birth? *A.* I am; I study my profession in almost all languages—I have heard the description of the intestines in this case—a false membrane may be discharged and thrown off, or it may be made—it is not at all necessary to find it—it may be broken up and discharged—hearing that shreddy matters were found in the evacuations would confirm my view—I do not remember whether there were apthous spots in the mouth in the cases of dysentery that I attended—I made an analysis of grey powder—it consists of caustic, carbonate of lime, mercury partly oxydised, sinica, with phosphate of iron, arsenic, and antimony—I think there were ten materials in the grey powder that I analysed—there was more arsenic than antimony—I have not weighed it—I have also analysed bismuth—it was obtained from Hearon, McCulloch and Squires—there was both arsenic and antimony in it—I have not weighed it—there was quite enough to give a certain result—I can state positively there was both arsenic and antimony.

COURT. *Q.* Enough to be called a trace? *A.* More than a trace; enough for making several tests; enough to answer the test two or three times; there was quite enough to make an appreciable weight—in chemistry we never guess at quantities—I experimented with two drachms of bismuth in one instance, and I believe half an ounce in another—that would be 20 grains—I do not think I found a grain—I dare say there was half a grain; it is only estimation, from what I know of the bulk of these substances—I got the arsenic in the metallic form out of the bismuth—I cannot form any notion of the weight of it, because in all medico-legal analyses of any kind hitherto made, the total quantity of arsenic actually contained in the substance examined, has never been determined—I do not agree with Dr. Rodgers that the quantity of arsenic generally found in bismuth is not such as to make it improper to use it as a medicine; I think it is improper to use it as a medicine without purifying it.

MR. GIFFARD. *Q.* Is there a chemical reason for there being arsenic in bismuth, from the mode of its preparation? *A.* It is almost necessary, from the mode of its preparation, that bismuth should contain arsenic; that is to say, from that mode prescribed by the Pharmacopœia.

MR. SERJEANT BALLANTINE. *Q.* You have not told us how much grey powder you analysed? *A.* I dare say, for the analysis, two drachms were taken.

COURT. *Q.* Do you know exactly how much? *A.* I do not, because I dissolved two ounces, and of that I took by measure about one-sixteenth part, or something of that kind; we do not always ascertain the quantity we are operating upon, not in qualitative analyses—the quantity is of importance, no doubt; but quantitative analyses are very laborious indeed—it could be done: I did not do it, because my occupation, and the time allowed, and all that, did not allow me to take the trouble—I dare say these experiments were made several weeks back.

MR. SERJEANT BALLANTINE. *Q.* I suppose you were requested to make these analyses? *A.* I was; I do not know whether I was specially requested to make these analyses on the part of the prisoner—I was requested to make analyses, with a view of giving evidence for the prisoner; I have stated the result—I do not think I have any memorandum of the experiments—the grey powder I had was the ordinary grey powder which children take as medicine; they never take as much as five or six grains at a time; they take the one-hundredth part of a grain, or the twelfth of a grain, or half a grain—the ordinary dose of grey powder I do not know, because I rarely prescribe it.

COURT. *Q.* Although you rarely do so, is it not one of the most common

remedies in the world? *A.* I regret to say it is—I know it is given in doses of from half a grain to three or four grains, to children.

MR. SERJEANT BALLANTINE. *Q.* Then do you think that the arsenic in the grey powder poisoned Isabella Bankes? *A.* I never said anything of the kind—I do not think it poisoned her—I do not think it might have done so—it might have produced the apthous spots; I cannot say that it did; it is very possible, very likely—what are ordinarily called apthous spots on the tongue are not produced by arsenic—I say that the grey powder might produce the apthous spots in consequence of the action of the mercury—it would not arise, either from the antimony or the arsenic—grey powder is mercury rubbed down with chalk—I do not think that the arsenic in the bismuth had any operation upon Miss Bankes, but it had upon the analysis—I have already stated to what I attribute the symptoms in Miss Bankes's case; neither the grey powder or the bismuth had anything to do with her death.

MR. SERJEANT PARRY. *Q.* Did you ever hear the absurd supposition that it had, until you heard it from my friend now? *A.* No; I never dreamt of so absurd a thing.

Q. Supposing bismuth to be taken which contains arsenic, and it is used, and in an evacuation traces of arsenic are found, such as the 100th part of a grain in two spoonfuls, as Dr. Taylor stated, might the fact of bismuth so containing arsenic reasonably and scientifically account for the traces in an evacuation? *A.* It might; if antimony was taken in a medicine, and a trace of antimony found in the intestines, that might reasonably and scientifically be accounted for by the presence of antimony in a medicine otherwise considered harmless—that is what I mean by saying that it might account for the analysis.

COURT. *Q.* All that would depend on the quantity, would it not? *A.* To a certain extent it would depend upon the quantity—if I could have ascertained it, I should have done so; but I have made more than 100 analyses in this case, and I really could not give the time to it, so as to make a quantitative analysis.

DR. FRANCIS CORNELIUS WEBB. I am a Doctor of Medicine of the University of Edinburgh, and a Licentiate of the Royal College of Surgeons, in London; I practise as a physician in London; I am Lecturer on Medical Jurisprudence and Toxicology at the Grosvenor School of Medicine, and am Physician to the Great Northern Hospital—I have bestowed great attention upon the medical evidence in this case, and to the whole of the facts relative to the cause of death, and I have read the depositions of all the witnesses, as well as heard what has been deposed to in Court—from all that I have heard, and from my experience as a medical man, I am of opinion that the deceased died from natural causes, that may be accounted for.

COURT. *Q.* You say that the symptoms, and so on, are to be accounted for by natural causes? *A.* Yes; and the post mortem appearances also.

MR. SERJEANT PARRY. *Q.* Do you take everything into consideration? *A.* I do.

COURT. *Q.* The symptoms and the post mortem appearances all lead you to the conclusion that she might have died of natural disease? *A.* Most decidedly.

MR. SERJEANT PARRY. *Q.* We have heard that this lady was in from the fifth to the seventh week of pregnancy; is that a fact which, in your opinion, ought to be taken into consideration in judging of the cause of her death? *A.* Most decidedly—if I had been called in to attend her, as a

married lady, and had been told she was subject to vomiting, I should, most decidedly have felt it my duty to ascertain whether she was pregnant or not.

COURT. *Q.* How would you have ascertained that? *A.* By a close examination of the symptoms; and by an examination of the *mammæ* and the uterus—if I found vomiting and purging going on, I should not have considered the fact that the *catamenæ* had appeared once, of any importance, because it will frequently appear once after pregnancy; that would not have prevented my examining into the existence of pregnancy.

MR. SERJEANT PARRY. *Q.* We heard that this lady suffered from nausea and sickness, and vomiting; are you acquainted with cases of very severe vomiting from early pregnancy? *A.* I am; in very severe cases of vomiting I know that the only way of stopping it, and saving the life of the mother, is to procure the abortion of the *fœtus*—I am speaking of vomiting only—I know this from my study and reading—I do not know a case; they are certainly not cases of every day occurrence—the way in which pregnancy acts is by sympathetic irritation of the intestines—I am of opinion, founded on my practical experience and general knowledge, that severe vomiting, and severe diarrhœa, which would not yield to ordinary treatment, may arise from an early stage of pregnancy—if the pregnant woman, the subject of that severe vomiting and diarrhœa, was also subject to bilious irritation, that would increase the symptoms—in all cases of severe vomiting and diarrhœa, where great acidity is generated in the system, there is always a burning sensation in the intestinal canal, from whatever cause it may arise—I include the throat in what I speak of, and the whole intestinal canal; I have seen those symptoms in early pregnancy—if a patient who was suffering from severe dysentery and vomiting, and great consequent exhaustion, complained of the sensation of a ball in the throat, I should attribute it, if it was a female, to hysteria—I think there is a great distinction between what may be termed a ball in the throat, and the sensation of burning—great debility produces that sort of hysterical affection—thrush would be a popular word for apthous spots—such an appearance of the tongue might be presented during severe vomiting and diarrhœa, from whatever cause it might arise—I would say that appearance is observed in all cases of exhausting disease—I am aware that for the last few years it has been matter of observation in obstetric science, that that thrushy appearance of the tongue occurs—exhaustion was, no doubt, the immediate cause of this lady's death—I consider sulphate of copper, nitrate of silver, and acetate of lead, most incorrect medicines to prescribe in the case of early pregnancy—bismuth is perhaps an exception, if pure; if of an arsenical description, it would also be a most incorrect medicine to prescribe—I think the lead, silver, and copper most improper, and the bismuth, unless it was pure—I consider that such medicines would have more tendency to increase irritation of the intestines, if it existed, than to allay it—I am acquainted with a work by Dr. Hutchinson, of America, upon the diseases of pregnancy.

Q. Is the diagnosis of the body of Miss Bankes, taking the symptoms, the post mortem appearances, and the whole together, consistent in your judgment with diarrhœa and vomiting, arising from early pregnancy? *A.* I consider that Miss Bankes died of dysentery, made worse by the condition of early pregnancy—a burning sensation in the mouth is consequent upon dysentery, and the diarrhœa, and vomiting, of pregnancy—apthous, or thrushy spots, and ulceration of the fauces are also appearances that follow—all the symptoms that have been given in evidence, in relation to Miss

Bankes, might arise from the vomiting and diarrhœa of pregnancy—I have read of cases of that kind which are fatal, and which sometimes baffle medical skill altogether—there is a disease known in this country called dysentery, which is fatal—I agree with Dr. Wilks, who was examined on the part of the prosecution, that cases of dysentery occur which it is impossible to refer to any particular cause—the two cases referred to by him in Guy's, which were styled dysentery, were in fact cases of idiopathic dysentery; a disease which is killing hundreds every year in this country.

COURT. Q. Does “idiopathic” mean that the disorder arises of its own accord? A. Yes; not from any poison or from any specific cause, as far as we know—I am aware it has been said there is a morbid poison arising in that case that produces it, but cholera here is idiopathic as much as any other disease.

MR. SERJEANT PARRY. Q. In a case of chronic dysentery which might last for weeks, would the symptoms be great weakness and emaciation? A. No doubt: a rawness and tenderness of the mouth and fauces would exist, with apthæ and minute ulcers; that is often accompanied with great tenderness in the œsophagus, and a burning sensation along the whole of the intestinal canal.

COURT. Q. What would all this arise from? A. Dysentery.

MR. SERJEANT PARRY. Q. In a case of chronic dysentery would every bit of food taken produce a burning sensation in the stomach? A. Very probably, especially if the irritation of pregnancy was added; I am acquainted with a disease called *cæco colitis*; I look upon that to be dysentery, in fact inflammation of the large bowel—I heard Dr. Bowerbank speak of it as a natural disease; it is so—I have heard the stomach described as ulcerated, the mucous membrane obliterated and partly destroyed, coming away in shreds, and that blood was effused under the mucous membrane; that there were dark patchy spots and ulcers and an injection generally of the membrane—I agree with Dr. Wilkes that that might arise from dysentery; those are the appearances I should expect to find in dysentery—in cases of slow irritant poisoning, diarrhœa and vomiting with burning sensations of the intestinal canal, ulceration sometimes of the mouth, and a burning sensation in the throat, are symptoms which would unquestionably arise, they also arise from natural causes as well, most assuredly—irritation of the conjunctiva and injection of the lining membrane of the eye, and irritation of the skin accompanied by an eruption called *eczema arsenicale*, that has been frequently observed; I should expect in a case of slow arsenical poisoning to find the membrane of the nostril injected, reddened, and probably ulcerated along the edge of the *alinas* and all the mucous orifices—there would be excoriation of the anus and of the vagina also—I have heard it stated that the deceased was said at one time to have had an affection of the womb—I have not seen a bottle of nitrate of silver produced.

DR. TAYLOR *re-examined*. A pint bottle, with some solution of nitrate of silver was found.

DR. WEBB (*continued*). If there was a disease of the womb for which it was necessary to use an injection of nitrate of silver, that would probably indicate some ulceration of the *cervix uteri*; the neck of the womb—if there had been such a condition of the womb an appreciable time before pregnancy, I think it might add to the irritation of pregnancy—if I found a patient suffering from severe purging or diarrhœa, vomiting, burning

sensation of the throat and of the intestinal canal, the sensation of a ball in the throat, accompanied by ulcerous appearances in parts of the body, that would not, in my judgment, necessarily lead to the conclusion that she must be the subject of arsenical or irritant poisoning, and that alone ; unless I found other symptoms, it would never enter my head—in the case of antimonial poisoning, I should expect to find a clamminess and cold perspiration of the skin ; and, as far as any experiments that I have seen on animals go, I should expect to find a softening of the liver ; but I cannot speak of the human subject—I think that a very large portion of the knowledge of the effects of poison on the human frame is derived from experiments on the lower animals—a large proportion of the use, the pathology of the parts of the body, is derived in the same way ; every great fact in pathology is found out in the same way ; the circulation of the blood and everything, and the use of certain nerves—Sir Charles Bell's division of the nerves has been very much confirmed, if not discovered, by experiments on animals—chlorate of potass is an innocent salt, and is used sometimes as a wash for the month ; it would very probably be used advantageously in cases of foul breath—I am of opinion that it would not in any way affect the operation of arsenic or antimony if mingled with them—in cases of slow arsenical or antimonial poisoning, I should most decidedly expect, if death resulted, to find the poison in the tissues ; as Dr. Taylor has said, the finding poison in the liver is the great criterion—as far as my reading enables me to judge, I should say that in cases of slow arsenical poisoning the small intestines are most likely to be affected, as far as their appearance after death is concerned—I have heard the appearance of the small intestines here, and I think their appearance and that of the stomach together are not compatible with arsenical poisoning—in cases of slow irritant poisoning, it is to the stomach and the small intestines that I should most immediately direct my attention, especially to the stomach—in cases of slow irritant poisoning, the inner coating of the stomach is very much inflamed from injection of the vessels ; it is suffused with red patches of blood, and it would very probably be ulcerated ; certainly inflamed—the duodenum is the upper part of the small intestines—if the coats of the duodenum were firm, and there was no ulceration, that is not an appearance which I should expect to find after slow arsenical or irritant poison ; in antimonial poisoning, I should expect to find the lungs after death intensely congested and red—supposing a person had had small doses of antimonial poison administered to her, I should certainly not expect to find the lungs pale or perfectly healthy—supposing Mr. Palmer's account to be correct, that the liver was very large, very hard in the left lobe, that would most certainly be an indication of a long standing disease, and would be what I should expect to find where a person had been suffering for some considerable time from bilious irritation and chronic inflammation—it is as much the peculiar effect of arsenic in small doses to influence the stomach as I have described, as it is of mercury to produce salivation ; arsenic acts on the stomach specifically as much as mercury acts on the salivatory glands, or cantharides on the bladder ; I should say on the urinary organs ; I speak of the kidneys and bladder together ; and in whatever way introduced into the system—in cases of antimonial poisoning, I should expect to find the stomach reddened, congested probably, and a condition of aphous ulceration ; that has been observed in the human subject in cases of poisoning by antimony—in every case of poisoning by arsenic in animals that I have met, witnessed, or been a party to, I have found the inner coats of the mucous membrane of the stomach

very much inflamed, very red and ulcerated—I should expect to find arsenic in the kidneys and the spleen from slow arsenical poisoning, as well as the liver; I should expect to find it in the liver first—I start with the liver as the great criterion, from the absence of these symptoms and appearances in Miss Bankes's case, I am fortified in my opinion that she died from natural causes—if I am testing a liquid for the presence of arsenic or any other irritant poison, in arriving at a perfectly accurate judgment as to the quantity, I ought to make what is called a quantitative analysis; that is done by actually weighing the whole that I find—any other mode of proceeding is likely to lead to the most erroneous results, most certainly.

Q. Dr. Taylor calculated that there was the $\frac{1}{160}$ th of a grain of arsenic in two spoonfuls of liquid, and then he appears to have multiplied those two spoonfuls by the whole quantity of liquid, and arrived at the result that about one-sixth of a grain of arsenic was contained in the whole; would you consider that to be a safe or reliable mode in a case where the life of a human being is concerned? A. I consider it a mere guess, and of no importance whatever—I have made experiments on bismuth, and have nearly found a grain of arsenic in an ounce of it; that is between four and five tenths of a grain—I never found more than that, but I can swear it was a quantitative analysis—I have analysed qualitatively, and thought I found more, but I cannot swear to it; because, unless a quantitative analysis is made, no one can swear to a chemical quantity—the qualitative is to find the agent, the quantitative is to find the presence and exact measure; therefore, without a quantitative analysis, I should be very sorry to swear to the exact quantity—that applies to every chemical substance, to arsenic as much as antimony—I have not examined grey powder—I took part in the analysis for finding arsenic in the urine of a gentleman who had been treated with bismuth for some complaint, and a trace of arsenic was found in the urine—no quantitative analysis was made there; it was a very small quantity, but quite sufficient to be certain it was there.

Cross-examined by MR. SERJEANT BALLANTINE. Q. In the early part of your examination you expressed an opinion on the subject of inquiring into pregnancy; supposing you were called in to attend the wife of a medical man, and he assured you she was not pregnant, and her courses were in order; do you mean that you would consider further investigation necessary? A. If I found her suffering from vomiting and purging, which went on in spite of all my remedies, I should certainly—I am assuming dysentery coming on just at the same time as pregnancy, coming on with it probably, or soon after; coming on as other diseases would, with pregnancy; not directly caused by it, but pregnancy would make it more probable that dysentery would occur; as an independent disease, and then the two working together might produce results which would not be often attendant on such a disease—without pregnancy I should not have expected to find the vomiting so constant; vomiting is the only symptom—if you take the Registrar General's Reports, I think you will find that dysentery is a very common disease—in such a state of things the bowels would continue ulcerating, and would get worse and worse down to the death; the symptoms would become more aggravated, till exhaustion killed the patient; therefore I should not expect that any medicines given would check the disease—I should expect most frequently, I cannot say always, that when taking food or medicine the woman would vomit, and in such a state I think a quarter of a grain of sulphate of copper pill would produce the effect of irritation, and that it would increase the irritation—it might be very extensive throughout the whole of the canal, or not; such sensations

are very different in different individuals—diphtheretic dysentery is a form of idiopathic dysentery ; idiopathic dysentery applies to every case of dysentery which occurs without a particular poison of any kind, the Eastern form of dysentery, idiopathic, arising in India—there is a dysentery that arises from a natural poison, just the same as fever, and all those diseases arise—if I had been acquainted with all those symptoms I have heard described in Court to-day I should not have dreamt of poison.

MR. SERJEANT PARRY. *Q.* My friend asked you “Is dysentery common?” are you able to say how many cases of dysentery may have occurred in so many years? *A.* From 1848 to 1854, more than 15,000 persons died in England of dysentery; from 1850 to 1854, in London alone, dysentery killed more persons than pericarditis, or inflammation of the covering of the heart, thrush, gout, syphilis, insanity, quinsy, or remittent fever, respectively—the disease which I have so described in its numerical effects, is what I call idiopathic dysentery, and is perfectly well known in the medical world and to scientific men.

DR. GILBERT FINLAY GIRDWOOD. I am a Doctor of Medicine, I have had considerable experience in midwifery—I have delivered upwards of 3,000 women—I have occasionally met with cases of pregnancy combined with diarrhœa and vomiting ; diarrhœa superadded to vomiting ; and I have had cases in which pregnancy was combined with dysentery ; on one occasion of a very severe character, but from which the patient recovered.

Q. In your judgment, if a person were pregnant, and suffering from dysenteric symptoms, such as you observed in that case, would it be proper to give mineral medicines? *A.* I should not give any in pregnancy, nor on any occasion whatever, unless I found it to be serviceable ; not in any dysenteric case whatever, unless I made out the reason why I should give it—I would find out the immediate cause of the dysentery—in this country it generally proceeds from a disease, which has been very well expressed by a celebrated man, Dr. Copland, who has most admirably described the disease which is most common in this country—it commences in that portion of the intestine called the cœcum, extending thence to the anus, inflammation of that portion of the intestine, ending in ulceration and death if it is not stopped—the best way to stop it is that which I adopted ; the application of leeches to that portion of the cœcum, which, if a careful practitioner exercises his fingers, he would be sure to find out—I have heard the symptoms which Isabella Banks exhibited during life, the remedies, and the post mortem examination.

Q. In your judgment, was her death to be attributed to poison or to the effects of dysentery combined with pregnancy? *A.* I see the whole of the symptoms traceable to the dysentery, and to the consequent ulceration and exhaustion—that would certainly account for the appearance of the cœcum—idiopathic dysentery would be a proper phrase to give it—that is a special disease originating in itself, one single malady, one single suffering—pregnancy and dysentery would quite account, in my judgment, for the diarrhœa—I have had several cases of dysentery at the early stages of pregnancy, one of them very severe, in fact, contemporaneous with it, I would say, symptomatic of pregnancy—in many cases, instead of the usual change occurring at the period when women exhibit that change peculiar to them there has been some disease of diarrhœa in the early months of pregnancy ; this would be much aggravated by a bilious temperament and any affection of the liver.

Cross-examined by MR. SERJEANT BALLANTINE. *Q.* Does dysentery usually commence with fever? *A.* The dysentery of all warm climates is always

accompanied with severe fever, but in this country idiopathic dysentery assumes a less severe form ; it is generally what is called sub-acute, or chronic—the state of the cœcum in this case in my view indicates a case of sub-acute dysentery, not of severe dysentery ; of prolonged dysentery, but not severe—it does not necessarily follow that such a case would commence with febrile symptoms—there is not much fever accompanying dysentery in this country, which is prolonged beyond a few days—I make the distinction between the dysentery of this country and that of warm climates—occasionally there are cases of dysentery similar to that of warm climates, but they are not common ; they depend upon a malaria—there was one at Clapham some years ago, which destroyed several boys—every year many persons die of dysentery, but it is the dysentery of this country.

MR. SERJEANT PARRY. *Q.* Are the cases of endemic dysentery, which sometimes seize upon a whole neighbourhood, and carry off a portion of the inhabitants, clear and distinct from what you have described as sub-acute dysentery, known to this climate? *A.* You very seldom have this endemic dysentery in this country—all dysenteries are so far alike as to agree in genus and character—in forming my judgment in this case I have taken into account the dysentery which I know from my own experience to prevail in this country—the evacuations or motions in the early stage of pregnancy arising from dysentery, have become bloody—that is the character of dysentery—it is not dysentery unless the stools are bloody.

COURT. *Q.* How soon does that sanguineous appearance present itself? *A.* It may commence immediately, or it may not ; that is, if it be the sub-acute dysentery, which is the result of neglected diarrhœa—it is a question of hours ; or it may come on immediately after the exposure to the chance of dysentery—the disease commences after the exposure to malaria ; I mean in acute dysentery—it comes on in a day or two in a case of acute dysentery—sub-acute dysentery is frequently the result of neglected diarrhœa, or chronic dysentery ; chronic dysentery being one of the species of dysentery ; you have acute, sub-acute, and chronic.

JAMES EDMUNDS. I am a surgeon, and general practitioner ; a member of the College of Surgeons, in London, surgeon to the H division of police, and also to the Royal Maternity Charity—I am acquainted, as a matter of medical science, with the fact that in the early stage of pregnancy, vomiting and diarrhœa exist sometimes to a very severe extent ; so much so, as sometimes almost to exhaust the patient, principally by the vomiting—diarrhœa is a much less frequent accompaniment ; both resulting in sympathetic irritation of the stomach and bowels, being supplied with nervous energy of the same sort as the uterine—I have had experience myself of one fatal case where pregnancy existed—this person was about forty years of age, perhaps a little more ; she had been married ten or twelve years, she suffered from vomiting and purging, and severe burning pain in the abdomen, if the abdomen was touched it would give her great pain all up the right side, especially in the right flank ; she was ill from four to six weeks ; at any rate four weeks—she came to me occasionally four weeks before her death, and when she was unable to come out I visited her—in consequence of the extraordinary symptoms I observed in that case I made a post mortem examination of the body, and I believe that dysentery caused her death—I think the dysentery was complicated by vomiting, irritability of the stomach, attributable to pregnancy, and purging attributable to dysentery—purging is often a symptom at the early stage of pregnancy, and often a symptom of impending labour.

Cross-examined by MR. SERJEANT BALLANTINE. Q. What length of time did you say she had been pregnant? A. She miscarried at the seventh month, I think—I cannot speak to a week or so, but at any rate, it was about that time, during her illness, a week before her death.

COURT. Q. Then she was ill four weeks? A. Yes; she had gone on to about the sixth or seventh month.

MR. SERJEANT BALLANTINE. Q. How long had you attended her before she died? A. I had attended her for more than a fortnight at her own house, some days three or four times a day—when the symptoms began she had been pregnant between five and six months—I treated her for dysentery—at first, as the vomiting was very severe, I gave her a cretaceous mixture; a preparation of chalk, opium, and prussic acid; at another time I gave her bismuth when that had failed to have any effect—at first the cretaceous mixture restrained the diarrhœa—that was when she came to my house—she was well for a few days—I think I gave her the bismuth when I was attending her; I also used sulphate of zinc, as an injection in the latter stage, when I felt sure there was ulceration of the large bowel at any rate—I administered it myself—I should use ten-grain doses of bismuth—I don't know the dose in this particular case, but that is what I should prescribe; five or ten-grain doses—five to fifteen grains would be proper a dose—I did not use sulphate of copper, because of the vomiting, else it is a very proper remedy in dysentery, and recommended by the best authorities in the chronic stage of dysentery—the effect of the bismuth would be to relieve the vomiting—it did relieve it for a time, but not entirely; she never was free from vomiting; large quantities of blood came away from ulceration of the lining of the bowels—she resided at No. 6, Liverpool-buildings, Bishopsgate-street—this was prolonged dysentery, so called very properly by the last witness, where ulceration spreads and takes place, not in consequence of the original severity of the attack, but from the patient sinking and becoming exhausted—I examined the stomach and glands; the stomach was slightly injected, but not more than you find frequently in post mortem examinations, but in the liver, the bowels, and the cœcum there was the most frightful ulceration; the whole lining membrane seemed as if it had been swept away; that is a strong indication of dysentery—in the large bowels, from the cœcum to the rectum, there were ulcers on which you could lay a shilling, down to the rectum and including the rectum; not of equal extent all the way down, but nearly as bad, I think, in the rectum as in the cœcum—I am speaking from memory, as I am here to day by mere accident, I was subpoenaed here yesterday in the other Court, in a case of stabbing—I felt it my duty to communicate what I have now stated on oath—the lining membrane of the cœcum was almost swept away by the extensive ulceration—this case was not in the nature of an Eastern dysentery, which comes on much more rapidly, and kills more rapidly, you get suppuration of the whole track of the large bowel, and the patient is exhausted; it is a distinct feature—this is what is called prolonged dysentery, or sub-acute, which is a natural disease known to medical men in their practice; it is not often fatal—I never saw another fatal case, although I have, perhaps, seen fifty cases of dysentery—I am personally acquainted with the fact that diarrhœa, purging, and vomiting, and consequent exhaustion, exists in the early stages of pregnancy, but principally vomiting—I am acquainted with cases in which diarrhœa and vomiting have existed together—I gave bismuth; it had some effect in checking the vomiting; but ultimately I failed to check the disease by any remedy, and the patient threatened to sink from exhaustion, purging, and loss of blood;

I then gave large doses of ipecacuanha ; gradually every medical aid failed to interrupt or stop the disease.

DR. WILLIAM TYLER SMITH. I am a physician-accoucheur—I have for more than fifteen years devoted myself to midwifery and the diseases of women and children—I am the author of a book called “The Manual of Obstetrics,” and of several other works—I am a Member of the Royal College of Physicians, and a Doctor of Medicine of the University of London—I have been present during very little of the medical evidence in this case—excessive vomiting in the early part of pregnancy is often met with ; sometimes from the very earliest period—I am acquainted with instances in which this excessive vomiting in pregnancy has caused death ; cases which have yielded to no medical treatment and ended in death—where symptoms of vomiting and general intestinal disturbance occur at the beginning of pregnancy, it would be advisable to ascertain whether pregnancy does actually exist ; if I were called in to a patient, a married woman, suffering from vomiting and intestinal disorder during the child-bearing period, I should certainly think of pregnancy amongst other causes, and should do my best to ascertain whether it existed or not—sometimes the periods go on after pregnancy has commenced ; in some cases during the whole of pregnancy, but those are exceptional cases, they not unfrequently happen—excessive vomiting would be one of the marked signs of pregnancy, just as the cessation of the monthly periods would be another.

COURT. Q. You say “it not unfrequently happens ;” do you mean that it happens to one woman in a hundred, or one in five hundred ? A. It would be difficult to give any statistical idea, but one very often meets with cases in which patients are regular during the early months—it certainly happens as often as once in a hundred times—the cessation of the monthly periods is an ordinary normal natural symptom of pregnancy—women who have any uterine disorder are more likely to be unwell during pregnancy than other women—I have been consulted in at least four cases of vomiting during pregnancy which ended in death, and a considerable number of other cases in which vomiting was excessive, and in which there was danger.

MR. SERJEANT PARRY. Q. We have heard that this lady, judging from the foetus, was from the fifth to the seventh week at the time of death ; are you able to say whether an accurate judgment may be formed from the foetus as to the time, or might it be more than that ? A. It would require considerable skill to say the exact age of a foetus—I have seen great mistakes made by persons who considered themselves skilled—if a person accustomed to examine dead bodies said, I found a uterus which appeared to have been impregnated to the extent of from the fifth to the seventh week, that would be valuable, and one might say it was a foetus probably from the fifth to the seventh week ; but there are instances in which the foetus may die and remain *in utero* without development, and you may have the case of a foetus which has really been *in utero* three, four, or seven months, only presenting the size of seven weeks—sometimes no decomposition takes place—where women have been subject to bilious irritation and bilious attack ; they are more affected by vomiting and intestinal irritation, including occasional purging, than others, during pregnancy—I have seen occasional purging as frequently as three or four times a day in connexion with vomiting—in the case of pregnant women, who have been suffering from excessive vomiting accompanied by occasional purging, there is sometimes observed an aphthous or thrushy ulcerous state of the tongue and fauces ; for the last three or four

years, since we have had diptheria and disorders of the throat in this country, many pregnant women, and women during their confinement, and during nursing, have been subject to an aphthous state of the mouth—that has been observed more within the last few years than usual.

Q. Does the excessive vomiting in the early stage of pregnancy, accompanied by occasional purging, produce a burning sensation in the throat and along the intestinal canal? *A.* In those cases, heartburn is a very common symptom—it depends upon the secretion—if there is a great amount of acid in the stomach, the irruptions, the matters vomited, are more acid and burning than usual—the heartburn of pregnancy is a household term—a burning sensation along the intestinal canal, the throat, and so on, is often complained of in cases where nothing but ordinary pregnancy, attended by unusual vomiting, exists—the statement that the fœtus was of about the age of seven weeks, makes no difference in the opinion I am expressing—the early part of pregnancy, the first three months, is the time specially marked by vomiting—that is inclusive of the whole period, from the beginning to the end of the three months—women who suffer from diseases of the *os* and *cervex uteri*, for which nitrate of silver is used as an injection, suffer more from inflammation in the stomach by the uterus than other persons; that, and the more frequent occurrence of the monthly periods in the early part of pregnancy, mark cases of disorder of the *os* and *cervex uteri*—a woman in the early stage of pregnancy, such as I have described, suffering from excessive vomiting, might also have purging and diarrhœa—the diarrhœa might degenerate into dysentery.

Q. Have you known cases yourself where there has been excessive vomiting and general intestinal disturbance in the early stages of pregnancy, in which it has been necessary, to save the life of the mother, to abort the fœtus and procure a miscarriage? *A.* That is a recognised practice in the vomiting of pregnancy which threatens life—nature generally does it herself, and this practice has arisen from an imitation of nature—if by an effort of nature the child is not got rid of, then the medical man intervenes and produces abortion.

Q. Have you known in your own practice cases of excessive vomiting, accompanied by purging or diarrhœa, with a burning sensation, such as you have described, erroneously attributed to poison? *A.* I have known one case in which there was a great amount of vomiting, and some amount of purging, in which the friends of the lady could not be brought to believe that her husband was not poisoning her, they taking their impressions from themselves, from their own notions—the symptoms that I have described might become so violent from the natural causes I have alluded to, as to be mistaken for a case of poisoning; I have known that happen; and I have known evacuations examined by a chemist under that impression—I mean that I have seen that case in my own practice—an effervescing draught, composed of hydrocyanic acid (prussic acid) is one of the most valuable remedies in the vomitings of pregnancy—persons in these cases die of starvation, as much as though they were deprived of food—in fact no food is kept on the stomach—where persons are suffering from excessive vomiting there is a perfect indisposition to take food; it would give them a fit of vomiting to speak of or smell food—a woman in that state rejects everything, a few minutes after it is taken—vomiting would come on even when they are not taking food—I have known this vomiting to cease a few days or a few hours before death; that was the case with Charlotte Brontë, the well-known authoress, who died from the vomiting of pregnancy; for

a short time before her death she was able to take food, and sickness ceased.

Q. In cases of death occasioned by the natural causes you have described, and which are within your particular knowledge, have you noticed a peculiar expression of the face? *A.* The expression is that of death from starvation—it is recognised that there is a peculiar expression of the face in such cases—Dr. Paul Dubois, the first obstetrician in France at the present time, observed twenty cases of death by vomiting caused by pregnancy, in thirteen years, and he marks as one of the four or five distinct signs of danger, a peculiar expression of the face, “a painful expression of the face,” and I know of no other man who has had equal experience in the same space of time.

Q. Supposing the symptoms of vomiting and occasional purging had begun at the time that conception or pregnancy had begun, and had continued for four or five weeks, accompanied by the burning sensation of the throat and the intestinal canal, and aphthous irritation in the mouth, and a sensation sometimes of a ball in the throat, do you believe that all these symptoms might have arisen from what you have described? *A.* The ball in the throat I take to be an hysterical feeling; the other symptoms might; that is, if you consider morbid pregnancy a natural cause.

Cross-examined by MR. SERJEANT BALLANTINE. *Q.* Was not the discussion by Monsieur Dubois with a view to show that, notwithstanding all these symptoms, there was neither ulceration nor inflammation of the stomach and intestines? *A.* I believe not; I believe it had no reference to any ulceration of the intestines—if a pregnant woman has diarrhœa and dysentery, it would go on to sloughing, exactly as in natural dysentery or diarrhœa—if dysentery supervenes, there would be the dysenteric symptoms—I have seen cases in which death has occurred from vomiting, conjoined with purging, but I believe the vomiting to be the great cause of death in those cases—ordinarily, if dysentery be excessive, abortion is produced, or an irritation of the intestinal canal, the intestine is nearer the uterus than the stomach—dysentery kills by exhaustion.

MR. SERJEANT PARRY. *Q.* Supposing to a woman pregnant for the first time, say 40 years of age, or between 40 and 45, doses of irritant poison were administered, would you not expect then to procure abortion? *A.* I should think them more likely to procure abortion than idiopathic disease, disease arising by itself—we avoid, in the case of pregnant women, giving any medicine such as you have described, for fear of producing abortion; one would not salivate a person in the family-way—we avoid giving irritating medicines in those cases; we leave as much as we can to nature, but we would correct nature as far as possible.

JURY. *Q.* Could dysentery be kept up by the administration of medicine? is there anything that would contribute to that? *A.* If any irritating medicine were given, it would be kept up; any irritating medicine would tend to that—any medical or non-medical person could do that.

FREDERIC PEDLEY. I am a dentist—I reside in George-street, Hanover-square—I have attended Mr. Smethurst as a dentist—I recollect his consulting me about his teeth, about the middle of last February—he complained of foulness of breath—in the course of conversation I mentioned to him a mixture which he might use for foulness of breath—it was chlorate of potass—I do not dispense medicine—I am simply a dentist—my patients get their medicine elsewhere.

Cross-examined by MR. SERJEANT BALLANTINE. *Q.* Where do you reside? *A.* At 12, George-street, Hanover-square. GUILTY.—DEATH.

